



2019 EXPENSE STATEMENT*

The following expenses were incurred by the undersigned, in connection with services performed on behalf of the Indiana School Boards Association, One North Capitol Ave., Suite 1215, Indianapolis, IN 46204.

Date of Service: _____

Payable to: _____

Address: _____

Reason: _____

Transportation:

Mileage _____ miles at \$.58 per mile*** _____

Plane, train, or bus - (attach receipt) _____

Hotel/motel charges: _____

Meals: _____

Miscellaneous: (includes tips, parking, telephone, etc.) _____

TOTAL: \$ _____

I hereby certify that the above Expense Statement is correct and just, and that payment therefor has not been received.

Claimant's Signature

*All claims for reimbursement of expenses incurred in 2019 must be submitted by December 31, 2019

***When choosing to drive rather than fly, mileage reimbursement will not exceed cost of round trip airfare.

Note: The IRS mileage rate for 2019 is 58 cents.