



# CONFERENCE EXPENSE REIMBURSEMENT CLAIM FORM

FOR MEETINGS, CONVENTIONS, EDUCATIONAL CONFERENCES, WORKSHOPS, ETC.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Today's Date \_\_\_\_\_

Full Time Employee       Part-Time Employee      Phone # \_\_\_\_\_

Date(s) of event \_\_\_\_\_

Name of event \_\_\_\_\_

Location of event \_\_\_\_\_

**CONFERENCE REGISTRATION:**      (attach receipts and copy of pre-approval form)

TOTAL: \_\_\_\_\_

**TRANSPORTATION:**      (attach receipts)

Public Carrier      TOTAL: \_\_\_\_\_

Tolls/Parking      TOTAL: \_\_\_\_\_

My Car Mileage (\$.54 per mile) \_\_\_\_\_ miles      TOTAL: \_\_\_\_\_

**MEALS:**      (attach receipts)

Date: \_\_\_\_\_      TOTAL: \_\_\_\_\_

Date: \_\_\_\_\_      TOTAL: \_\_\_\_\_

Date: \_\_\_\_\_      TOTAL: \_\_\_\_\_

Date: \_\_\_\_\_      TOTAL: \_\_\_\_\_

**LODGING:**      (attach receipts)

TOTAL: \_\_\_\_\_

**OTHER EXPENSES:**      (attach receipts)

TOTAL: \_\_\_\_\_

=== TOTAL REIMBURSEMENT ===

TOTAL: \_\_\_\_\_

=== BILLING INFORMATION ===

FUND	TYPE	FUNC	OBJ	SOURCE	LOC/PROG	FISCAL YR	\$ AMOUNT
							\$
							\$
							\$
							\$

=== APPROVALS ===

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_