



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 (\$.58 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: _____