

Request No. _____

CLAIM FOR REIMBURSEMENT OF CONFERENCE EXPENSE



Instructions:

- Reimbursement will only be processed if the Business Department has your approved Request for Conference Attendance form.
- Each employee must submit a separate reimbursement request
- Please itemize expenses and attach all original receipts
- Directions must be printed and attached if you are claiming for mileage

Name: _____ Date: _____

Name of Conference: _____

Sponsor of Conference: _____

Conference Date(s): _____ Venue: _____

Dates of Attendance:						TOTALS
Breakfast (max. \$13.00)						
Lunch (max. \$16.00)						
Dinner (max. \$26.00)						
Hotel						
Registration						
Parking						
Public Transportation						
Other						
Mileage for Conference:		miles @	\$		per mile	
TOTAL CONFERENCE EXPENSE:						

I hereby certify that the above is a true statement of conference expenses incurred by me on the dates specified:

Signature of Claimant Date

Account Number: _____

Program Name: _____

Principal's Approval Date