



FINAL ACCOUNTING FOR CONFERENCE EXPENSES

Name _____ Dept/Bldg _____

Title of Conference _____

Conference Date(s) _____ Location: _____

Paid from Account # _____

Date and time of departure _____ Date and time of return _____

MILEAGE/GAS (RT miles: _____ x current mileage rate _____) **OR** Gas \$ _____

AIRFARE \$ _____

HOTEL \$ _____

MEALS If meals were included in conference, place an "X" in the corresponding box

Day (include date)	Breakfast \$12 max per person	Lunch \$13 max per person	Dinner \$24 max per person	Total
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
TOTAL				
Please contact the CFO's office for meal reimbursement rates if you traveled to a city with a higher cost of living.				

\$ _____

If claiming reimbursement for all three meals on the first and/or last day, explain:

TOLLS/PARKING/TAXI/SHUTTLE \$ _____

CAR RENTAL \$ _____

REGISTRATION \$ _____

OTHER \$ _____

TOTAL CONFERENCE EXPENSES \$ _____

DID YOU RECEIVE A TRAVEL ADVANCE? Y N If yes, amount: -\$ _____

Amount to be reimbursed to employee PR _____ \$ _____

Amount returned to district (attach payment) \$ _____

Employee Signature _____

Date _____

Program Manager _____

Date _____

Dir. Non-Instr. Support Svcs _____

Date _____