



**FINAL ACCOUNTING FOR CONFERENCE EXPENSES**

Name \_\_\_\_\_ Dept/Bldg \_\_\_\_\_

Home Address: \_\_\_\_\_

Title of Conference \_\_\_\_\_

Conference Date(s) \_\_\_\_\_ Location: \_\_\_\_\_

ESD Budget # \_\_\_\_\_

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 \$13* max per person	Lunch \$15* max per person	Dinner \$23* max per person	Total
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
<b>TOTAL</b>				
*Meal reimbursement rates for cities with a higher cost of living may be found on the District's Business and Finance page or at <a href="http://gsa.gov">gsa.gov</a>				

\$ \_\_\_\_\_

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** \$ \_\_\_\_\_

**Amount to be reimbursed to employee** PR \_\_\_\_\_ \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Dir. Non-Instr. Support Svcs. \_\_\_\_\_ Date \_\_\_\_\_

Please submit to Andrea Valerio Malone, Business Office, after obtaining approval of Program Manager.