



# 2019-20 CLAIM FOR EXPENSES

Date \_\_\_\_\_  
 Name & Title \_\_\_\_\_  
 Building \_\_\_\_\_  
 PO Number \_\_\_\_\_

Please submit claim form within 10 days of travel.  
 Complete the following items to avoid return of form:

- Original, itemized/detailed receipts
- Conference/Workshop Agenda (If applicable)
- Signature of both claimant *and* administrator
- Purchase Order Number. *If a PO# is not provided, claim will be charged to buliding/department budget.*

Name of Conference, Workshop, Meeting or Event. \_\_\_\_\_ City, State \_\_\_\_\_

## Travel, Registration, and Other Expenses

Item	Amount	Notes
Registration		
Lodging		
Airfare		
Parking		
Taxi/Shuttle		
Other		
Sub-Total		

**Mileage:** For miles expense please attach google map. 2019-20 Mileage Rate = \$.58 per mile

# of Miles Driven \_\_\_\_\_ Mileage Expense Total \_\_\_\_\_

**Meals:** For Meal Expense please show date and attach conference agenda.

Date	Breakfast	Lunch	Dinner
<b>Total Meals Costs:</b>			

<b>Meal Per Diem</b>	
Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$20.00

*Note: Receipts are not required for Meals Expense reimbursement.*

I hereby certify that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed (Claimant) \_\_\_\_\_ Date \_\_\_\_\_  
 Signed (Supervisor) \_\_\_\_\_ Date \_\_\_\_\_  
 Signed (CFO) \_\_\_\_\_ Date \_\_\_\_\_

Total Expenses
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