



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

Place of Conference \_\_\_\_\_

Dates of Conference \_\_\_\_\_ To \_\_\_\_\_

**EXPENSE REPORT**

EMPLOYEE NAME: \_\_\_\_\_ SCHOOL \_\_\_\_\_  
Must be your legal name      LAST NAME      FIRST NAME      MIDDLE INITIAL

HOME ADDRESS: \_\_\_\_\_

PURPOSE OF EXPENSE: \_\_\_\_\_

DATE	DESCRIPTION	Depart Time Arrive Time	TRANSPOR- TATION OR MILEAGE**	LODGING	MEALS List meals each Day (B, L, D)	OTHER	TOTAL
Column Totals							\$

**No personal expenses.** Examples: (Phone calls not related to business, alcoholic beverages, spouse or guest expenses)

Total: \$ \_\_\_\_\_

*Based on Federal Guidelines*

**NOTE: MILEAGE RATE EFFECTIVE 1/1/24  
\$.67/MILE**

	<i>Charleston</i>	<i>Columbia</i>	<i>All Other</i>
	<i>Top 10 Major US Cities *</i>	<i>Hilton Head</i>	<i>Localities</i>
<i>Meal Allowances</i>		<i>Myrtle Beach</i>	
Breakfast	\$18.00	\$16.00	\$13.00
Lunch	\$20.00	\$17.00	\$15.00
Dinner	\$36.00	\$31.00	\$27.00
Total Per Diem	\$74.00	\$64.00	\$55.00

*\* Includes: New York, Los Angeles, Chicago, Houston, Phoenix, Philadelphia, San Antonio, San Diego, Dallas, & San Jose*

**\*\*\*A Map-Quest Report Must Be Attached For Mileage Reimbursement\*\*\***

**ORIGINAL DETAILED RECEIPTS MUST BE ATTACHED TO EXPENSE FORM**

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

Admin. Approval \_\_\_\_\_ Date \_\_\_\_\_

Account Number to Charge \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Number to Charge \_\_\_\_\_ Amount \$ \_\_\_\_\_

A/P Only: I.V. DATE: \_\_\_\_\_ Initials: \_\_\_\_\_

Revision date: 1/1/24