

Exhibit: Expense Authorization/Reimbursement

Conference Reimbursement Form		
Date _____		
Name _____		School/Dept. _____
<hr style="border-top: 1px dashed black;"/>		
<u>CONFERENCE INFORMATION:</u>		
Name of Conference _____		Sponsor _____
Are you a member? _____	Location: City _____ State _____	
	Inclusive	
Hotel/Motel _____	Conf. Dates: Beginning _____ Ending _____	
Responsibilities at Conference: _____		
<hr style="border-top: 1px dashed black;"/>		
<u>TRAVEL/ABSENCE INFORMATION:</u>		
Total School Days: _____	Additional Time Needed for Travel: (dates) _____	
Substitute Needed? Y/N Dates Needed: _____		
<hr style="border-top: 1px dashed black;"/>		
<u>ESTIMATED EXPENSES:</u>		
Transportation:		Total Cost
(Select One)		\$
<input type="checkbox"/> Flight		\$
<input type="checkbox"/> Automobile	_____ miles at \$_____ per mile	
To/From Hotel	(if applicable)	\$
Rental Car	(if applicable)	\$
Per Diem:		
(See GSA.gov for current rate)	_____ per day at \$_____ per day	\$
Lodging:	___ night(s) at \$_____ per night	\$
Conference Registration:	(if applicable)	\$
Miscellaneous Expenses:		
(Please specify)		\$
TOTAL EXPENSES:		\$
Budget Source: _____		

Applicant Signature: _____

Supervisor's Signature: _____

Supervisor's signature indicates that the supervisor recommends that the applicant be reimbursed

Please attach registration materials.

APPROVAL:

- Approved
- Approved with Modifications
- Denied

Comments:

Signature of Designated District Official