Jericho UFSD

ACCOUNTING FOR TRAVEL/CONFERENCE EXPENSES REIMBURSEMENT FORM

MUST BE SUBMITTED WITHIN 90 DAYS OF COMPLETION OF CONFERENCE/TRAVEL

PRINT EMPLOYEE NAME:	WORK LOCATION:
CONFERENCE/TRIP TITLE:	
Please attach a copy of Advanced Approval	
LOCATION:	DATES:

EXPENSE CATEGORY		DETAIL					COST
CONFERENCE REGISTRATION							
ACCOMODATIONS							
		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	GRAND TOTAL:
DATE:							
MEALS	BREAKFAST						
	LUNCH						
	DINNER						
	TOTAL:						
TRANSPORTATION							

BUS, RAILROAD, AIRLINE FARE _____

INTRA-CITY TRAVEL (TAXI) _____ **MILEAGE** #_____ @ /MILE _____

TOLLS _____ **PARKING FEES** _____ **OTHER (PLEASE SPECIFY)** _____

NOTE: ORIGINAL ITEMIZED RECEIPTS FOR ALL EXPENSES CLAIMED MUST BE SUBMITTED

TOTAL: $

EMPLOYEE SIGNATURE **DATE**

*** By signing this form, employee attests to attendance at the above conference on the indicated dates.**

APPROVALS:

BUDGET CODE:	ASST. SUPT. CURR & INST.	ACCOUNTING OFFICE DATE
CONFERENCE NUMBER:	CURRICULUM ASSOCIATE	ASST SUPT BUSINESS AFFAIRS DATE
EMPLOYEE VENDOR NUMBER:	PRINCIPAL	SUPERINTENDENT