

CONFERENCE REIMBURSEMENT REQUEST

Employee _____

Date _____

School/Dept _____

Date	Conference & Location	Number of Miles	Cost of Mileage	Cost of Meals	Cost of Lodging	Other Costs	Total Costs
			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00
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			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00
			0.00				0.00

Employee Signature

Supervisor Approval

INSTRUCTIONS:

- Obtain your supervisor's signature.
- Attach detail/itemized receipts for all of the above expenses
- Submit to Accounts Payable Specialist

Per day / per meal allowance maximum (including up to a 20% gratuity)

Breakfast	\$12 - \$15
Lunch	\$18 - \$20
Dinner	\$25 - \$30

Mileage reimbursement rate: 2023 \$ 0.655