

Youth Advancement Academy Conference or Meeting Expense Voucher Summary

Employee Name _____ Soc. Sec. # _____ Department _____

Name of and Location of Conference or Meeting _____

Date(s) of Conference or Meeting _____ ASN #(s) _____

Per Diem Meals – In-State (for overnight conferences only)

Receipts not required – fill in date and check box for meals not included with conference registration

	Date		Date		Date		Date		Date		Date		Total Amount
Breakfast	\$ 7.00	☐	\$ 7.00	☐	\$ 7.00	☐	\$ 7.00	☐	\$ 7.00	☐	\$ 7.00	☐	Breakfast \$
Lunch	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	Lunch \$
Dinner	\$18.00	☐	\$18.00	☐	\$18.00	☐	\$18.00	☐	\$18.00	☐	\$18.00	☐	Dinner \$

Total In-State Per Diem Amount \$ _____

Per Diem Meals – Out-of-State (for overnight conferences only)

Receipts not required – fill in date and check box for meals not included with conference registration

	Date		Date		Date		Date		Date		Date		Total Amount
Breakfast	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	\$10.00	☐	Breakfast \$
Lunch	\$15.00	☐	\$15.00	☐	\$15.00	☐	\$15.00	☐	\$15.00	☐	\$15.00	☐	Lunch \$
Dinner	\$20.00	☐	\$20.00	☐	\$20.00	☐	\$20.00	☐	\$20.00	☐	\$20.00	☐	Dinner \$

Total Out-of-State Per Diem Amount \$ _____

For Advance Payment Only – Administrator Approval _____**Mileage**

Date	Starting Point	Destination	# of Miles

Total Miles Driven _____

Amount @ \$0. _____ per Mile \$ _____

Date	Other Expenses (attach receipts)	Amount

Total Other Expenses \$ _____

Grand Total of Per Diem, Mileage, & Other Expenses \$ _____

Employee Signature _____ Administrator Approval _____

Send completed form to Business Office along with yellow copy of Request for Attendance at Conference or Meeting Form within 30 days of conference or meeting. If you have any questions, please contact the Kalamazoo RESA Business Office at (269) 385-1551.