



Reimbursement for Professional Meeting Expenses

Actual INDIVIDUAL, ITEMIZED, DATED receipts for expenses **MUST accompany this form.*

PRINTED NAME: _____ PO# _____

The following expenses were incurred as a result of my attendance at the:

_____ in _____ on _____
(conference) (place) (dates)

Please attach a copy of your approved request for attendance, if applicable.

A. Transportation (effective 1/1/2025 – 12/31/2025) Attached mileage sheet (ex. Google Maps)

1. automobile _____ x .70 cents \$ _____
(actual mileage)

2. air travel, etc.* \$ _____

B. Lodging*

Date(s) of lodging _____ \$ _____

C. Registration Fee* (if paid personally) \$ _____

D. Meals* (\$50 daily allowance exclusive of tips up to 20%)

Date _____ Date _____ Date _____

Breakfast \$ _____ \$ _____ \$ _____

Lunch \$ _____ \$ _____ \$ _____

Dinner \$ _____ \$ _____ \$ _____

Total Meals and Tips: \$ _____

TOTAL REIMBURSEMENT REQUESTED: (A+B+C+D) \$ _____

I certify that the above were actual expenses necessary for this attendance and the foregoing expense account is correct and complete.

(signature of employee)

(date)

(signature of Supervisor)

(date)