



Professional Leave Expense Form

Name: _____

Today's Date: _____

Date of Event: _____

PO# _____

Location of Event: _____

Actual Expenses

Travel: # of miles _____ X 0.76 per mile _____ \$0.00

Registration Fees: _____

Lodging Amount: _____

Meals Amount: _____

Parking Amount: _____

Other Expenses Amount: _____

Total Expenses Amount: _____ \$0.00

Approved Meal Limits:

Breakfast - \$10.00, Lunch \$15.00, Dinner \$25.00 – (Total of \$50.00 per day)

****PAID ITEMIZED RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES****

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____