



CONFERENCE TRAVEL REIMBURSEMENT FORM

(Download as PDF for rate accuracy)

Effective for all submissions and payments on or after 1/1/2026.

To ensure timely processing of travel reimbursements, please complete, sign, and date the form **AFTER** your travel is concluded. Ensure all required parties have signed. Once finalized, attach the form and all supporting documentation to your requisition.

I, _____ certify my attendance to _____.

I am requesting reimbursement for the following:

Step 1: Meals Record meals not provided by conference. Input date and select the appropriate county where the conference/ event was held from the drop down list.

Breakfast: Trip begins at or before 6 am, or trip ends at or after 8 am - Breakfast may be claimed.

Lunch: Trip begins at or before 11 am, or trip ends at or after 2 pm - Lunch may be claimed.

Dinner: Trip begins at or before 5 pm, or trip ends at or after 7 pm - Dinner may be claimed.

Date	Breakfast	Lunch	Dinner	Totals
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
	None	None	None	\$ 0.00
Meals Total				\$ 0.00

Step 2: Mileage Record the total number of miles for travel. Must include a copy of directions with mileage from **Google Maps**. Mileage is from your designated work site to conference site.

Number of Miles _____ x \$ 0.760 per mile = Mileage Total \$ 0.00

Step 3: Other Record other travel related expenses (must provide original receipt or included on folio)

Other Expenses: _____ Other Total \$ _____

Total Meals + Mileage + Other = Total Reimbursement \$ 0.00

Employee Signature Date

Supervisor Signature Date