



FINAL ACCOUNTING FOR CONFERENCE EXPENSES

Name _____ Dept/Bldg _____

Home Address: _____

Title of Conference _____

Conference Date(s) _____ Location: _____

Budget Number on Approved Conference Request: _____

Date and time of departure _____ Date and time of return _____

MILEAGE/GAS (RT miles: _____ x current IRS mileage rate _____) OR Gas \$ _____

AIRFARE If pre-paid by District, check here _____ \$ _____

HOTEL If pre-paid by District, check here _____ \$ _____

MEALS If meals were included in conference, place an "X" in the corresponding box

Day (include date)	Breakfast \$13* max per person	Lunch \$15* max per person	Dinner \$26* max per person	Total
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
TOTAL				
*Meal reimbursement rates for cities with a higher cost of living may be found on the District's Business and Finance page or at gsa.gov				

\$ _____

If claiming reimbursement for all three meals on the first and/or last day, explain:

TOLLS/PARKING/TAXI/SHUTTLE \$ _____

CAR RENTAL If pre-paid by District, check here _____ \$ _____

REGISTRATION If pre-paid by District, check here _____ \$ _____

OTHER \$ _____

TOTAL CONFERENCE EXPENSES, including any amount prepaid by District \$ _____

Amount to be reimbursed to employee PR _____ \$ _____

Employee Signature _____ Date _____

Program Manager _____ Date _____

Dir. Non-Instr. Support Svcs. _____ Date _____

Please submit to Andrea Malone, Business Office, after obtaining approval of Program Manager.