



Conference Approval and Expense Form

Print, Sign, and Send a copy to your Immediate Supervisor.

Employee Name: Date:

Building Assigned:

Conference Name: Conf. Date(s): to

Conference Location:

Advance If Requested: **Must Be Submitted *At Least 6 Weeks* Prior to Conference Date**

Registration Payee: Payee Address:

Registration Fee: (\$50.00 or over) City/State/Zip:

Plane/Train Fare Payee: Payee Address:

Plane Train Fare: (\$50.00 or over) City/State/Zip:

Lodging Payee: Payee Address:

Lodging Amount: (\$50.00 or over) City/State/Zip:

Employee Signature and _____ Immediate Supervisor _____

Date:

Signature and
Date:

Budget Code (Required): 10. .580.

Substitute Needed:
Substitute paid by Title IIA?

Federal Programs Authorization and Date (if applicable): _____

Federal Program: _____

Immediate Supervisor: Send original back to Employee, keep one copy on file, and send one copy to the Business Office.

Settlement

Employee has 10 business days to settle Conference Actual Expenses from return date.
Submit original copy with all receipts and conference report form to your Immediate Supervisor.

Expenses (include expenses not advanced)	Estimated	Actual
Registration	\$ <input type="text"/>	\$ <input type="text"/>
Plane/Train Fare	\$ <input type="text"/>	\$ <input type="text"/>
Lodging	\$ <input type="text"/>	\$ <input type="text"/>
Meals/Gratuities	\$ <input type="text"/>	\$ <input type="text"/>
Tolls/Parking/Taxi (must have receipts to be reimbursed)	\$ <input type="text"/>	\$ <input type="text"/>
Mileage: <input type="text"/> X <input type="text"/> /mi. =	\$ <input type="text"/>	\$ <input type="text"/>
Other:	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>

Applicant's Signature and Date

Immediate Supervisor's Authorization and Date

Business Office Authorization and Date