

## Conference Reimbursement Request

<b>Date Submitted</b>	
<b>Employee Name</b>	
<b>Name of Conference/Workshop</b>	
<b>Location of Conference/Workshop</b>	
<b>Date of Conference/Workshop</b>	
<b>Total Reimbursement Requested</b>	<b>\$0.00</b>
<b>Supervisor Signature</b>	
<b>Employee Signature</b>	

**IMPORTANT NOTICE**  
 Requests for reimbursement must be approved by a supervisor. This request must be accompanied by all receipts for reimbursement. Receipts should be attached to this form.

<b>Date Approved</b>	
<b>Date Signed</b>	

## Actual Expenses

Type of Expense	Description of Expense			Total Expenses
<b>Mileage</b>			\$0.56	\$0.00
<b>Conference/Registration Fees</b>				\$0.00
<b>Lodging</b>				\$0.00
<b>Meals and Tips</b>				\$0.00
<b>Miscellaneous</b>				\$0.00
<b>Grand Total</b>				<b>\$0.00</b>