



2017-18 CLAIM FOR EXPENSES

Date _____

Name & Title _____

Building _____

PO Number _____

Please submit claim form within 10 days of travel. Complete the following items to avoid return of form:

- Original, itemized/detailed receipts
- Conference/Workshop Agenda (If applicable)
- Signature of both claimant *and* administrator
- Purchase Order Number. *If a PO# is not provided, claim will be charged to buliding/departtment budget.*

Name of Conference, Workshop, Meeting or Event. _____ City, State _____

Travel, Registration, and Other Expenses

Item Amount Notes _____

Registration _____

Lodging _____

Airfare _____

Parking _____

Taxi/Shuttle _____

Other _____

Sub-Total _____

Mileage: For miles expense please attach google map. 2017-18 Mileage Rate = \$.535 per mile

of Miles Driven _____ Mileage Expense Total _____

Meals: For Meal Expense please show date and attach conference agenda.

Date	Breakfast	Lunch	Dinner
Total Meals Costs:			

Meal Per Diem	
Breakfast	\$ 8.00
Lunch	\$10.00
Dinner	\$15.00

Note: Receipts are not required for Meals Expense reimbursement.

I hereby certify that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed (Claimant) _____ Date _____

Signed (Supervisor) _____ Date _____

Signed (CFO) _____ Date _____

Total Expenses
