

## Conference Reimbursement Request Form

This form should be submitted within 30 days from return date, or completion of training. Approval Form BSF003 should be attached to this request along with backup documentation (itemized receipt, agenda, mileage maping, etc.)

### Requestor Information

Requestor Name: _____	G#: _____
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### Conference Information

Title of Conference: _____	
Event/Departure Date: _____	Return Date: _____
Departure Time: _____	Return Time: _____

### Expense Claim

Pre-paid by: District CC      Direct Pay

Conference Fee : _____			
Hotel : _____			
Transportation: _____			
Meal ( <a href="#">link</a> ): _____			
Parking : _____			
Mileage (Miles X \$0.725): _____		Total :	\$ _____
Other (specify): _____		Less Prepaid :	\$ _____
_____			
_____		Total Reimbursement:	\$ _____
<b>**Total costs should be equal to or less than the estimated cost**</b>			

### Additional Comments

### Approvals

**I certify that all expenses claimed are valid**

Applicant _____	Date: _____
Supervisor _____	Date: _____
Budget Manager _____	Date: _____

**Costs in excess of approved cost above require Vice President Approval**

Vice President _____	Date: _____
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