

General Personnel

Exhibit - Employee Travel Expense Voucher

Submit to the Director

PROFESSIONAL MEETING REIMBURSEMENT FORM

Name: _____ **Date:** _____

(Complete Areas That Apply)

<u>Conference Title</u>	<u>Day/Date</u>	<u>Day/Date</u>	<u>Day/Date</u>	<u>Day/Date</u>	<u>Day/Date</u>	<u>Day/Date</u>
Registration	\$	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$	\$
Per Diem Meals (Up to \$36 per day)	\$	\$	\$	\$	\$	\$
• Breakfast	\$	\$	\$	\$	\$	\$
• Lunch	\$	\$	\$	\$	\$	\$
• Dinner	\$	\$	\$	\$	\$	\$
Daily Meal Totals	\$	\$	\$	\$	\$	\$
Mileage (current IRS rate)						
•Total Miles each day =	\$	\$	\$	\$	\$	\$
•Total Miles x current IRS rate=						
Parking	\$	\$	\$	\$	\$	\$
Other: Specify _____	\$	\$	\$	\$	\$	\$

Total Reimbursement Requested: \$ _____

REQUIRED ATTACHMENTS to this reimbursement form:

- Approved Request to Attend Professional Meeting Form (Pink Copy)
- Evaluation Form
- All receipts that apply

EMPLOYEE'S SIGNATURE

DATE

APPROVED/DISAPPROVED BY

DATE