

APPROVAL FOR REIMBURSEMENT OF MEETING EXPENSES

(Regional & State)

Note: Please submit 2 copies at least 5 days before meeting. Once estimated expenses are approved, a copy will be returned to you for actual costs. At that time, please fill in actual costs and resubmit with receipts.

I wish to attend _____ meeting sponsored by _____ on _____, 20____ at _____.

Estimated Costs		Vendor Name (phone & fax #s if applicable)	Actual Costs
\$	Lodging		\$
\$	Meals (_____)		\$
\$	Registration <input type="checkbox"/> Please Register Me		\$
\$	Transportation _____ miles @ _____¢		\$
\$	Parking		\$
\$	TOTAL		\$

Estimated Expenses

Actual Expenses

Signature: _____
Date: _____

Signature: _____
Date: _____

Supervisor's Approval:

Signature: _____
Date: _____

Signature: _____
Date: _____

Account # _____