

Exhibit: Expense Authorization/Reimbursement

Conference Expense Form

Name _____

Address _____

Social Security # _____ Phone (w) _____ (h) _____ Fax _____

Date	Conference	Breakfast	Lunch	Dinner	Air	Taxi/ Bus	Rental Car	Gas/Rental Car Only	Tolls/ Parking	Mileage	Misc.	TOTALS
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Complete form and send to: Finance Office

Less Advance	
Reimbursement Amount	\$0.00

Guidelines:

- a. Use **pen**, not pencil, to fill out expenses.
- b. Attach all ORIGINAL receipts; explain any that are missing.
- c. List expenses such as fax, photocopying, postage, express mail, tips and on-site phone calls under Misc.
- d. Explain on the back of the form any charges without receipts, miscellaneous charges and shared expenses.
- e. Include meal expenses.
- f. Mileage reimbursements are for use of **personal car only**.

Non Reimbursable Expenses
Alcoholic Beverages

Signature of Traveler _____ Date _____