



Conference Expense Reimbursement Form

For Accounting Use Only:

Business Purpose: _____

Check Number: _____

Check Date: _____

Issued By: _____

Date Mailed/Picked Up: _____

Member Name: _____ School Site: _____

Member Address: _____

Please indicate how you would like to receive your reimbursement check: Mail to above address

Name of Conference: _____

Please indicate the type of conference you attended: CNTA CTA NEA

Date	/ /	/ /	/ /	/ /	/ /	
Mileage <small>x IRS Mileage Rate</small>						
Lodging						
Meals						
Portage (\$15.00 Max)						
Total Amount						

Member Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Please attach the following to this sheet:

- Post Conference Evaluation Form
- Itemized Meal Receipts (for non-conference provided meals only)
- Plane, Train, Bus, Toll, Parking and Taxi Receipts (if applicable)

- Printed Map to event with mileage
- Lodging Statement (receipt will not be accepted)

<https://www.irs.gov/tax-professionals/standard-mileage-rates>