



Conference Expense Reimbursement Form

For Accounting Use Only:

Business Purpose: _____

Check Number: _____

Check Date: _____

Issued By: _____

Member Name: _____ School Site: _____

Member Address: _____

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

Pick up at CNTA office

Name of Conference: _____

Please indicate the type of conference you attended: CNTA

CTA

NEA

Date	/ /	/ /	/ /	/ /	/ /	
Mileage <small>x IRS rate</small>						
Lodging						
Meals						
Portage <small>(\$6.00 Max)</small>						
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)
- Conference Agenda