

**Conference Reimbursement Form**

***Please print, complete, and return BEFORE August 1st to*** [sherwood@delaneymeetingevent.com](mailto:sherwood@delaneymeetingevent.com) ***or fax to (802) 865-8066. Forms received after August 1st will not be processed.***

**Attendee Information**

**Name:**

**Address:**

**Phone:**

**Email:**

**Agency**:

**Division:**

**Payment Information**

**Make Check Payable To:**

**Mail Check To:**

**Special Instructions:**

**Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Description | Date | Miles | Beginning | Ending | Total |
| Travel  \*standard mileage rate is $.54 per mile |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Meals To  & From Conference |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Hotel |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Total Expenses | $ |

**Preparer Information**

**Prepared By:**

**Approved By:**

**Attendee’s Signature:**

**Supervisor’s Signature:**

**Internal Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Check #: | Amount Paid: | Date: | Signature: |