



Conference Reimbursement Form

Please print, complete, and return BEFORE August 1st to 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: |
|----------|--------------|-------|------------|