



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	\$
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Preparer Information

Prepared By:

Approved By:

Attendee's Signature:

Supervisor's Signature:

Internal Use Only

Check #:	Amount Paid:	Date:	Signature:
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