

CONFERENCE EXPENSE VOUCHER



Please attach receipts and submit to accounts payable by the 5th of the month for reimbursement.
DO NOT include these expenses on a monthly expense voucher.

USD Name and Number: _____

Name: _____ Social Security #: _____

Address: _____

Conference Attended: _____

Conference Dates: _____

 Traveler's Signature

 Date

	<u>Reimburse Traveler</u>	<u>Keystone VISA Purchasing Card*</u>	<i>Accounts Payable Use Only</i>
Mileage ____ miles @ \$0.____	\$ _____	n/a	\$ _____
Lodging ____ # of Nights	\$ _____	\$ _____	\$ _____
Meals ____ # of Days Used	\$ _____	not allowed	\$ _____
Registration Fee	\$ _____	\$ _____	\$ _____
Airfare	\$ _____	\$ _____	\$ _____
Other: _____ (Parking Toll, Etc.)	\$ _____	not allowed	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Attach Receipts!
 *Unless on Keystone VISA Purchasing Card, then attach original receipts to Purchase Card Log.