

**CONFERENCE EXPENSE VOUCHER**



Please attach receipts and submit to accounts payable by the 5<sup>th</sup> 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	\$ _____
<b>Total:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

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