

**Attach Original Receipts**



**ETA**



ETIWANDA TEACHERS ASSOCIATION

# Member Conference Reimbursement Expense Form

Dates and Locations of Conference

Name \_\_\_\_\_

Please Print

Address \_\_\_\_\_

Street

City

Zip

Phone Number

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Each Line
Conference	Registration								
	Meals								
\$ 40 per day diem	Breakfast								
	Lunch								
	Dinner								
Lodging	Hotel 1								
	Hotel 2								
Transportation	Shuttle								
	Taxi								
	Bus								
	Airfare								
	Car Rental								
Miscellaneous	Parking								
<b>Total</b>									
Auto Mileage (IRS Standard Rate)									Total Due

Original detailed receipts must be submitted within (60 days) of conference attendance. Attach all original detailed receipts including registration, meals, lodging, transportation ticket stubs to be eligible for reimbursement. Attendance verification (certificate, agenda or other supporting documents) must be attached for reimbursement.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**Accounting Office Use Only**

Attendance verified \_\_\_\_\_

Receipts verified \_\_\_\_\_

Total Receipts \_\_\_\_\_

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

\_\_\_\_\_  
ETA Treasurer's Signature