



Conference Travel Expense Claim

Name _____ Date _____

Conference / Meeting title _____

Conference / Meeting dates _____ to _____

Departure date _____ time _____ Return date _____ time _____

Conference / Meeting benefits to SSEA _____

ACTUAL COSTS

TRANSPORTATION

Flight _____

Shuttle / Cab fare _____

Round trip miles (private car) x .725 = _____

LODGING

Hotel name _____

of nights _____ @ \$ _____

MEALS PER DIEM*

Breakfast(s) _____ @ \$16.00 = _____

*Alcohol not included

Lunch(es) _____ @ 18.00 = _____

Dinner(s) _____ @ \$30.00 = _____

TOTAL EXPENSES _____

ADVANCE PAYMENT ONLY:

Payable to _____ Amount _____

Please attach copies of all receipts and tickets (receipts for meals not required).

I agree to submit a Conference Travel Expense Claim with a detailed listing of each actual expense, with all receipts attached.

Signature _____ Date _____