



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 .70 =	_____

LODGING	Hotel name	_____
	# of nights @ \$	_____

MEALS PER DIEM*	Breakfast(s)	_____ @ \$16.00 =	_____
	Lunch(es)	_____ @ 18.00 =	_____
	Dinner(s)	_____ @ \$30.00 =	_____

*Alcohol not included

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 _____