

**CSNA - CONFERENCE/MEETING TRAVEL EXPENSE REIMBURSEMENT REPORT**



Name of Conference

Location

Name of Traveler

Dates of Conference

Address of Traveler

Phone Number of Traveler:

Mail claims for payment to: **Jeremy West, 2508 4<sup>th</sup> Ave. Greeley, CO 80631**

| ITEM<br>Dates   | M          | T | W | Th | F | Sat | Sun | M | T | W | Th | F | Sat | Sun | TOTALS |
|---|------------|---|---|----|---|-----|-----|---|---|---|----|---|-----|-----|--------|
|   | Breakfast* |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Lunch*  |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Dinner*   |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Lodging (1/2 double preferred or single rate maximum) |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Shuttle/Taxicab Fare                                  |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Parking Fees  |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Baggage Transfer / Gratuity                           |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Mileage to and from Airport                           |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Registration Fee                                      |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Other**   |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Transportation  |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| Unclaimed expenses***                                 |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |
| <b>TOTALS</b>   |            |   |   |    |   |     |     |   |   |   |    |   |     |     |        |

**RECEIPTS MUST BE ATTACHED FOR EVERY EXPENSE CLAIMED**

- \* Do not claim reimbursement for meals included in the registration fee, or when otherwise provided.  
Do not claim more than the authorized per diem for the city, and do not claim reimbursement for alcoholic drinks
- \*\* Describe completely on the reverse if necessary.
- \*\*\* For accurate budgeting, please report all unclaimed expenses.

Signature of Claimant / CSNA Position \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

ACCOUNT CHARGED: \_\_\_\_\_

Check Number: \_\_\_\_\_

**SETTLEMENT SUMMARY**

Total Expenses (Above) \$ \_\_\_\_\_

Less CSNA Advances/Prepayments \$ \_\_\_\_\_

Due TO/or From CSNA \$ \_\_\_\_\_