

# HDTA

## ITEMIZED EXPENSES FOR CONFERENCE ATTENDANCE

NAME of MEMBER \_\_\_\_\_ WORK SITE \_\_\_\_\_

CONFERENCE TITLE \_\_\_\_\_

CONFERENCE LOCATION \_\_\_\_\_

DATES OF ATTENDANCE (month/day/year) FROM \_\_\_\_\_ TO \_\_\_\_\_

**This expense report should be submitted within 30 days following your return. Breakfast may be claimed if travel time begins prior to 6:00 a.m. Lunch costs will not be reimbursed for ½ day conferences. Dinner may be claimed if travel time terminates after 7:00 p.m. Please forward this document and all receipts to Gary Schulman, HDTA Treasurer, at La Mesa Junior High.**

DATES						TOTAL
<b>Breakfast</b> (maximum allowance \$25)**						
<b>Lunch</b> (maximum allowance \$30)**						
<b>Dinner</b> (maximum allowance \$40)**						
<b>Mileage</b> (in miles from home or work site whichever is less) 57.5 ¢/mile						
<b>Portering</b> (limited to \$1/bag or \$5/day)						
<b>Conference Registration</b> **						
<b>Lodging - Daily</b> ** (itemized invoice required)						
<b>Parking Fees</b> **						
<b>Taxi Service</b> **						
<b>Airfare</b> **						
<b>Official Calls</b> ** (person called)						
<b>Other (Describe)</b> **						

**\*\* items starred above require original itemized receipts indicating proof of payment.**

Subtotal-----  
 Less funds Advanced----  
  
 Total Due To/From-----  
 Employee

I certify that the above statement represents actual and necessary expenses connected with my trip.

\_\_\_\_\_  
 Signature of Employee Requesting Reimbursement

\_\_\_\_\_  
 Date Submitted

\_\_\_\_\_  
 Signature of Principal or Department Head verifying member presentation at faculty or department meeting.