



# Delegate Grant - Expense Report

Accounting Code: Travel 8600

|                       |  |
|-----------------------|--|
| Delegate Name         |  |
| Mailing Address       |  |
| City, State, Zip      |  |
| Travel Dates/Location | 2/22-25/2022 / Traveled from _____ - Houston, TX |

## Statement of Expenses

| Airline   | Lodging  | Shuttle/Uber/Lyft/Taxi  | Per Diem (no receipts required)  |
|---|--|---|--|
| See policy for airfare reimbursement.<br><br>Total \$ _____   | Accommodations paid by ICFSEB<br><br>(personal credit card required for incidentals at check-in) | Date _____<br>\$ _____<br>Date _____<br>\$ _____<br>Date _____<br>\$ _____<br>See policy for hotel/airport transport reimbursement.<br>Total \$ _____ | <b>Tuesday, 2/22/22</b><br><i>Travel Day: Total \$49.50</i><br><br><b>Wednesday, 2/23/22</b><br><i>*Breakfast &amp; Lunch provided by ICFSEB</i><br>Dinner \$28 Incidentals \$5<br><i>Total \$33.00</i><br><br><b>Thursday, 2/24/22</b><br><i>*Breakfast &amp; Lunch provided by ICFSEB</i><br>Dinner \$28 Incidentals \$5<br><i>Total \$33.00</i><br><br><b>Friday, 2/25/22</b><br><i>Travel Day: Total \$49.50</i> |
| <b>Baggage</b><br><br>Baggage reimbursed for one checked bag.<br><br>Total \$ _____                                 |  |   |  |
| <b>Parking</b><br><br>Parking will be reimbursed for the economy rate.<br><br>Total \$ _____                        | <b>Mileage*</b><br><br>_____ total miles<br>@ .56¢/mile =<br>Total \$ _____                      | <b>Other**</b><br><br>Total \$ _____  | <b>Per Diem Total \$182.00</b>   |
| * Please use current IRS business rate.<br>** Other expenses reimbursed ONLY with PRIOR APPROVAL by The Conference. |  |   | <b>Grand Total \$ _____</b>  |

Please refer to the Delegate Grant policies and procedures for reimbursement guidelines. In order to seek reimbursement, this form must be received by The Conference **within 30 days** of the last day of the event. As a reminder, actual receipts must be attached to this form. Receipts for meals & incidentals are **not** required, as the reimbursable amounts are predetermined by the federal government per diem rate.

*I agree to the above conditions. I certify that this is a true and correct statement of expenses incurred by me and that reimbursement has not been received from any other source.*

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

**Email or mail original expense report with receipts to:**

services@theconferenceonline.org or  
The Conference, 1885 Shelby Lane, Fayetteville, AR 72704