Delegate Grant - Expense Report

Accounting Code: Travel 8600

Delegate Name	
Mailing Address	
City, State, Zip	
Travel Dates/Location	2/27 - 3/1/2024 - Myrtle Beach, SC

Statement of Expenses

Airline	Lodging	Shuttle/Uber/Lyft/Taxi	Per Diem (no receipts required)
See policy for airfare reimbursement. Total $ _____	Accommodations paid by ICFSEB (personal credit card required for incidentals at check-in)	Date _____ $ _____ Date _____ $ _____ Date _____ $ _____ Date _____ $ _____ See policy for hotel/airport transport reimbursement. Total $ _____	**Tuesday, 2/27/24** *Travel Day:* Total $51.75 **Wednesday, 2/28/24** **Breakfast & Lunch provided by ICFSEB* Dinner $31 *Incidentals* $5 Total $36.00 **Thursday, 2/29/24** **Breakfast & Lunch provided by ICFSEB* Dinner $31 *Incidentals* $5 Total $36.00 **Friday, 3/1/24** *Travel Day:* Total 51.75 **Per Diem Total $175.50**
Baggage Baggage reimbursed for one checked bag. Total $ _____			
Parking	**Mileage***	**Other****	
Parking will be reimbursed for the **economy** rate. Total $ _____	_____total miles @ 65.5¢/mile = Total $ _____	Total $ _____	
* Please use current IRS business rate. ** Other expenses reimbursed ONLY with PRIOR APPROVAL by The Conference.			**Grand Total $_____**

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:

allie@theconferenceonline.org *or*

The Conference, 1885 Shelby Lane, Fayetteville, AR 72704