



# Fall Board Training Grant - Expense Report

Accounting Code: Travel 8600

Name	
Mailing Address	
City, State, Zip	
Travel Dates/Location	2/24 <u>or</u> 2/25 - 2/28/2025 - Palm Springs, CA

## 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 _____ \$ _____ See policy for hotel/airport transport reimbursement.	<b>Monday 2/24/2025*</b> <i>Travel Day: Total \$64.50</i> <i>*Monday is the travel day if attending a pre-meeting session; otherwise, travel day is shifted to Tuesday 2/25/2025</i> <b>Tuesday 2/25/2025</b> <i>*Breakfast &amp; Lunch provided by ICFSEB</i> Dinner \$36 Incidentals \$5  Total \$41.00 <b>Wednesday 2/26/2025</b> <i>*All meals provided by ICFSEB</i> <b>Thursday 2/27/2025</b> <i>*Breakfast &amp; Lunch provided by ICFSEB</i> Dinner \$36 Incidentals \$5  Total \$41.00 <b>Friday 2/28/2025</b> <i>Travel Day: Total 64.50</i>  <b>Per Diem Total \$130.00</b>
<b>Baggage</b>  Baggage reimbursed for one checked bag.  Total \$ _____			
<b>Parking</b>	<b>Mileage*</b>	<b>Other**</b>	
Parking will be reimbursed for the <b>economy</b> rate.  Total \$ _____	_____ total miles @ 67¢/mile = Total \$ _____	Total \$ _____	<b>Grand Total \$ _____</b>
<small>* Please use current IRS business rate. ** Other expenses reimbursed ONLY with PRIOR APPROVAL by The Conference.</small>			

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.*

<b>Signature:</b> _____	<b>Date:</b> _____
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**Email or mail original expense report with receipts to:**

allie@theconferenceonline.org or

The Conference, 1885 Shelby Lane, Fayetteville, AR 72704