CONFERENCE REIMBURSEMENT PROCEDURE –
PRE-APPROVAL OF CONFERENCE FORM

This pre-approval form for conference is required if an overnight stay is involved or the conference is multiple days and meal and other expenses will be incurred.

Name_________________________ Date of Conference:_________________________

Description of conference/meeting: ____________________________________________

Attach copy of registration information/flyer

Location of conference:_____________________________________________________

Describe how this conference aligns with department/program goals and individual professional development plan. ________________________________________________________________

Estimated conference cost:

1. Registration fees _______ max. single rate
2. Lodging _______ actual to per diem limit
3. Meals _______ document lowest cost
4. Transportation to conference _______
   a. Air, or _______
   b. Private car _______
5. Car Rental _______ note business purpose
6. Taxi _______

Total _______

Budget availability verified: ___ Account number: _-_____ -3220

Contract compliance verified: yes, n/a

Submitted by: ___________________________ Date: __________

Supervisor verification and approval: __________________________ Date: __________

EXHIBIT