 ASCLS-ND Education / Travel and Miscellaneous Expense Report

(All receipts must be attached in order to receive reimbursement)

**Send completed form and attached receipts to:**

Jessica Fry

711 N 28th Street

Bismarck ND, 58501

Email: jessicarosin.fry@gmail.com

|  |  |
| --- | --- |
| **Member Name & Complete Mailing Address** | **Conference Meeting Name and Location:** |
|  |  |
| **Request for Pre-paid Expenses:** | **Amount Requested:** |
| Registration Yes 🞏 No 🞏 | $ |
| Airfare Yes 🞏 No 🞏 | $ |
| Car Rental (if personal car used, see below) Yes 🞏 No 🞏 | $ |
| Miscellaneous (please specify) Yes 🞏 No 🞏 | $ |
| **TOTAL** | **$** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request for Actual Expenses (upon return from Meetings, Workshops and/or Seminars)** | | | | | | | | | |
| Date | | | Location | | Lodging | Gas Receipts (gas expense paid rather than mileage) | Other Expenses | | Daily Totals  $ |
|  | MM | DD | Amount | Description |
| Sun. |  |  |  | | $ | $ | $ |  | $ |
| Mon. |  |  |  | | $ | $ | $ |  | $ |
| Tues. |  |  |  | | $ | $ | $ |  | $ |
| Wed. |  |  |  | | $ | $ | $ |  | $ |
| Thurs. |  |  |  | | $ | $ | $ |  | $ |
| Fri. |  |  |  | | $ | $ | $ |  | $ |
| Sat. |  |  |  | | $ | $ | $ |  | $ |
| **TOTALS** | | | | | **$** | **$** | **$** |  | **$** |
| **Date** | | | | **Check #** | **Check Amount $** | | | **Treasurer** | |