 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:**

Sharon Reistad

7340 37th Ave SE

Minot, ND 58701

Email: sreistad@srt.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** | | |