 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** |