

**RPCEA**  
**Conference Reimbursement Form**

Policy:

The total expenses per person, per conference shall not exceed \$250.00.

Mileage: \$0.54 per mile. Total must not exceed airfare between the same two destinations.

Non-Food Tips: Not to exceed \$7.00 per day (Bellhop, Maid, Valet)

Meals: \$40.00 maximum per meal, \$80.00 maximum per day. Tip not to exceed 20%.

Itemized Receipts needed for any expense over \$10.00.

DEADLINE FOR FILING: 30 days following the last date of the Conference. ALL requests must be filed by August 15 for any given year. Return this completed Form and receipts to the Treasurer.

Name: (Print) \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Site: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of the Conference: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Date(s) of the Conference: \_\_\_\_\_

Total # of Days: \_\_\_\_\_

Conference Registration \$ \_\_\_\_\_

Hotel \$ \_\_\_\_\_

Food Total \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Auto: Number of miles \_\_\_\_\_ x \$0.54 per mile \$ \_\_\_\_\_

Airfare \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Other Transportation: \_\_\_\_\_ \$ \_\_\_\_\_

Other Expense: \_\_\_\_\_ \$ \_\_\_\_\_

**Total (Not to exceed \$250.00):** \$ \_\_\_\_\_

**For Office Use Only:** \_\_\_\_\_

Approved Budget Category: Conferences Check # \_\_\_\_\_ \$ \_\_\_\_\_

Not Approved: Reason \_\_\_\_\_

Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_