



Member Expense Statement

Date and Location of Meeting

Name of Conference

Name:							
Email:							
Phone:				Mobile:			
Address:							

	Street	City					Zip	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL
	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	(each line)
Lodging:	\$	\$	\$	\$	\$	\$	\$	\$
Breakfast:	\$	\$	\$	\$	\$	\$	\$	\$
Lunch:	\$	\$	\$	\$	\$	\$	\$	\$
Dinner:	\$	\$	\$	\$	\$	\$	\$	\$
Parking:	\$	\$	\$	\$	\$	\$	\$	\$
Shuttle:	\$	\$	\$	\$	\$	\$	\$	\$
X .55/mile:	\$	\$	\$	\$	\$	\$	\$	\$
Mileage:	#	#	#	#	#	#	#	#
Total: (each column)	\$	\$	\$	\$	\$	\$	\$	

Dates & Attendance Verified:		Registration Fee:	\$
SAEA Board Approval:		Airfare:	\$
		Total Amount Requested:	\$

- **Cash advances:** Failure to attend will result in the issuance of a 1099 form and possible income tax liability.
- Reimbursement requests must be submitted within **45 days** of the close of the conference or reimbursement will be denied.
- Receipts for all expenses must be submitted at the time of reimbursement request.
- Airfare, lodging, and mileage (if applicable) not to exceed CTA guidelines. Meals not to exceed \$63 per day.
- Keep a copy of all documentation for your records.
- Self-parking only – NO VALET

• **Submit completed form to Treasurer** •