

CONFERENCE & SEMINAR EXPENSE REPORT

Employee Name:

Department:

Event Name:

Date Submitted:

Location:

Travel Start Date:

Purpose of Trip:

Travel End Date:

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT (Y/N)	AMOUNT

Total Expenses	
Less: Cash Advance	
Net Due / (Refund)	

Employee Signature

Date

Authorized Approver Signature

Date