

SEMINAR & CONFERENCE TRAVEL REIMBURSEMENT FORM

Expense Claim Document

EMPLOYEE INFORMATION

EMPLOYEE NAME

DEPARTMENT

JOB TITLE

EMAIL ADDRESS

SUBMISSION DATE

EVENT & TRAVEL DETAILS

EVENT / SEMINAR NAME

LOCATION (CITY, STATE/COUNTRY)

DEPARTURE DATE

RETURN DATE

BUSINESS PURPOSE

EXPENSE ITEMIZATION

DATE	DESCRIPTION / CATEGORY	TRANSPORTATION	LODGING	MEALS	TOTAL
Total Reimbursement Claimed:					

REIMBURSEMENT METHOD

PAYMENT METHOD (E.G., BANK TRANSFER, CHECK)

ACCOUNT / REFERENCE NUMBER

ADDITIONAL NOTES

Claimant / Employee Signature

Date: _____

Authorized Approver Signature

Date: _____