

Conference and Training Expense Reimbursement Report

Name:

Department:

Conference/Training Name:

Date(s) Attended:

Location:

Purpose/Benefit:

Expense Details:

Date	Description	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>
<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>	Yes <input type="button" value="▼"/>

Total Amount: _____

Additional Notes / Justification:

Employee Signature Date

Supervisor Approval Date