

## Conference/Meeting/Workshop Claim for Reimbursement of Expenses

**Coast Federation of Classified Employees, AFT Local 4794**  
**(Attach all receipts and report to this request)**

Name \_\_\_\_\_

Union Title \_\_\_\_\_

**CONFERENCE INFORMATION**

**Name of Conference** \_\_\_\_\_  
(No Abbreviations)

**Location** \_\_\_\_\_ **Duty Days** \_\_\_\_\_  
(City/State/Country)

**Conference Date(s)** \_\_\_\_\_  
(Beginning Date) \_\_\_\_\_ (Ending Date)

**Travel & Attendance** \_\_\_\_\_  
(Date(s) Actual date(s) you will attend. Include travel dates.)

**Purpose of Trip** \_\_\_\_\_

**1. TRANSPORTATION**

- a. Air Fare (Air Coach) \$ \_\_\_\_\_
- b. Automobile (Actual mileage) \_\_\_\_\_ miles x current rate \$ \_\_\_\_\_  
(Not to exceed price of airfare)
- c. Car Rental \$ \_\_\_\_\_

**2. LODGING** (Actual most reasonable expenses)

**3. REGISTRATION FEE**

\$ \_\_\_\_\_

**4. MEALS** (Not to exceed \$50 per day for all meals. **You must submit line item receipts.**)

DATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL

**TOTAL All Meals** \$ \_\_\_\_\_

**5. OTHER MISC. EXPENSES**

- a. Tolls/Parking (**you must submit receipts**) \$ \_\_\_\_\_
- b. Shuttle/Taxi/Limousine \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses Claimed** \$ \_\_\_\_\_

**SIGNATURE / APPROVAL INFORMATION**

I certify the above were all actual and necessary expenses incidental to this conference/meeting/workshop.

\_\_\_\_\_  
 Claimant's Signature      Date: \_\_\_\_\_

\_\_\_\_\_  
 President's Signature      Date: \_\_\_\_\_

Transportation ..... \$ \_\_\_\_\_  
 Lodging ..... \$ \_\_\_\_\_  
 Conference ..... \$ \_\_\_\_\_  
 Meals ..... \$ \_\_\_\_\_  
 Other ..... \$ \_\_\_\_\_

Net Amount of this Claim \$ \_\_\_\_\_

This claim meets the provisions of AFT Local 4794 and is for the actual and necessary expenses approved in accordance with the AFT Local 4794 Conference Policy. **THIS FORM MUST BE COMPLETED AND SUBMITTED WITHIN THIRTY DAYS OF THE EVENT.**