

SAN GABRIEL VALLEY REGIONAL OCCUPATIONAL PROGRAM

**ITEMIZED EXPENSE FORM**

NAME \_\_\_\_\_

ATTENDED \_\_\_\_\_

LOCATION \_\_\_\_\_  
City State

DATE OF CONFERENCE ATTENDANCE From \_\_\_\_\_ To \_\_\_\_\_

**DIRECTIONS:**

1. Show all costs.
2. Place an "R" in the border beside those costs for which you are requesting reimbursement.
3. You must include any items that ROP prepays. Including airfare (with itinerary), registration, etc. This is necessary to accurately charge costs to the appropriate expense account.
4. Please submit receipts for all items for which you seek reimbursement.

ITEM	DATE / EXPENDITURES								
	(Please note date in each column as applicable)								
Meals:	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
Date:									
Breakfast									
Lunch									
Dinner									
Lodging									
Plane Fare									
Taxi / Bus									
Parking									
Telephone									
Baggage									
Registration									
Mileage									
Other									
<b>TOTAL</b>									
								<b>GRAND TOTAL</b>	
								Less ROP costs paid in advance	
								Total Reimbursement	

Signed \_\_\_\_\_ Board Approval Date: \_\_\_\_\_  
(Conference Attendee)

Supervisor \_\_\_\_\_

Business Office: \_\_\_\_\_  
(Chief Financial Officer)

Account No: \_\_\_\_\_