

CONFERENCE EXPENSE VOUCHER

****This form is for workshops that are NOT held/sponsored by KLS.****



Please attach receipts and submit to KLS, ATTN: Accts. Payable by the 5th of the month for reimbursement. **DO NOT include these expenses on a monthly expense voucher.**

USD Name and Number: _____

Name: _____

Address: _____

Conference Attended: _____

Conference Dates: _____

Employee's Signature

Date

	Reimburse Employee	Keystone UMB Purchasing Card*	Accounts Payable Use Only
Mileage _____ Miles @ \$0.54	\$ _____	N/A	\$ _____
Meals _____ # of Days	\$ _____	\$ _____	\$ _____
Other: _____ (Parking, Tolls, Etc.)	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Keystone Administrator: _____

Approved / Denied
(Circle one)

Attach DETAILED ORIGINAL Receipts!
 *Unless on Keystone UMB Purchasing Card, please
 Attach original detailed receipts to this expense voucher.
 Absolutely NO Alcohol, Tobacco, or other unapproved
 Items will be reimbursed.