



Glendale Teachers Association
 3233 N. Verdugo Road, Glendale, CA 91208
 (818) 240-3924
 www.glendaleteachers.org



CONFERENCE REIMBURSEMENT FORM

- Must be submitted within **30 days** of return from pre-approved conference.
- Please include all original itemized receipts.
- Check will be mailed to your home address.

Date: _____

Name: _____

Address: _____

School Site: _____

Conference Name: _____ **Date(s):** _____

	Estimated Cost	Actual Cost	Reimbursement Amount
Conference Registration			
Lodging			
Airfare/train			
Mileage: Total miles x \$ 0.625	_____ x 0.625=	_____ x 0.625=	
Meals	Max \$80 per day		
Portage/Tip	Max \$7 per day		
Other _____			
Total:			