

# Northern California Conference of SDA Continuing Education Expense Report

**There can be no reimbursement unless you have received approval for the event on a CE Request Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Name of Seminar \_\_\_\_\_

Instructor \_\_\_\_\_

Location \_\_\_\_\_

Seminar Dates \_\_\_\_\_

**TUITION OR FEES:** (If not billed directly to the Conference) **(Receipt required.)** \$ \_\_\_\_\_

**PER DIEM:** (For meals) \$ \_\_\_\_\_

Number of days at 2 or more meals per day \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Number of days at 1 meal only per day \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**LODGING:** \$ \_\_\_\_\_

Number of nights \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **(Receipt required.)**

**TRAVEL:** \$ \_\_\_\_\_

A. Mileage to and from seminar **WITHIN** the Pacific Union:

Number of miles \_\_\_\_\_ x \_\_\_\_\_¢ = \$ \_\_\_\_\_

B. Airfare - Actual expense \$ \_\_\_\_\_ **(Receipt required.)**

C. Car rental \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ **(Receipt required.)**

**TOTAL EXPENSES** \$ \_\_\_\_\_

**AMOUNT TO BE REIMBURSED BY CONFERENCE** \$ \_\_\_\_\_

LIMIT - \$500 per pastoral worker per year

**Email to: [bernadette.johnson@nccsda.com](mailto:bernadette.johnson@nccsda.com)**

\_\_\_\_\_  
**Ministerial Director** **Date**

\_\_\_\_\_  
**Treasurer** **Date**