

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 \$60____ = \$ _____

Number of days at 1 meal only per day _____ x \$30____ = \$ _____

LODGING: \$ _____

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

TRAVEL: \$ _____

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

Number of miles _____ x .725____¢ = \$ _____

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: Linda.Terry@nccsda.com

Ministerial Director **Date**

Treasurer **Date**