

# THE TAU BETA PI ASSOCIATION

## CONVENTION REIMBURSED ADVISOR'S EXPENSE REPORT

This report is required for any of your expenses for which you claim reimbursement by Tau Beta Pi. Use this sheet to list your allowable Convention expenses, and **send it** to: Tau Beta Pi, P.O. Box 2697, Knoxville, TN 37901-2697. Make a copy for your chapter. If all of your expenses were prepaid by the national Headquarters, no report is necessary. Thank you.

NAME OF ADVISOR: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

### \* Receipts required

- (1) **\*TRAVEL BY PUBLIC CARRIER:** (Super-saver or coach.)

Was air travel billed to Headquarters? ( ) Yes **If yes, do not include.** ( ) No \$ \_\_\_\_\_

- (2) **TRAVEL BY PRIVATE AUTOMOBILE:** (Most direct route.)

\_\_\_\_\_ miles @ 25¢ per mile \$ \_\_\_\_\_

Tolls incurred \$ \_\_\_\_\_

\_\_\_\_\_ Additional passenger members (will pay up to 3) @ 5¢ per mile each \$ \_\_\_\_\_

TOTAL TRAVEL COST BY PRIVATE AUTOMOBILE \$ \_\_\_\_\_

- (3) **\*STOPOVERS:** (For automobile travel.)

Lodging: \_\_\_\_\_ nights @ \$ \_\_\_\_\_ per night (\$42 limit per night) \$ \_\_\_\_\_

- (4) **\*EN ROUTE MEALS:** (Incurred costs.)

\*Breakfasts en route (\$5 limit each) \$ \_\_\_\_\_

\*Lunches en route (\$6 limit each) \$ \_\_\_\_\_

\*Dinners en route (\$8 limit each) \$ \_\_\_\_\_

TOTAL EN ROUTE MEAL COSTS \$ \_\_\_\_\_

- (5) **\*TERMINAL EXPENSES:** (Expenses to make travel connections, parking, etc.) \$ \_\_\_\_\_

- (6) **ON-SITE EXPENSES:** (**Do not include expenses paid by Headquarters.**)

\*Breakfasts on-site approved by the Convention (\$9 limit each) \$ \_\_\_\_\_

Other expenses approved by the Convention \$ \_\_\_\_\_

TOTAL ON-SITE EXPENSES \$ \_\_\_\_\_

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

To the best of my knowledge, the above report is correct.

Date \_\_\_\_\_

Signed \_\_\_\_\_ Advisor

Address \_\_\_\_\_

DEADLINE: OCTOBER 20, 2006