



SEMINAR RECONCILIATION (EXPENSE) FORM

NAME _____ VEHICLE _____ AUDITORS INITIALS _____

SEMINAR _____ LOCATION _____

COSTS

PLACE OF LODGING _____ ROOM COST _____

ODOMETER READING

DATE	START	STOP	STARTING POINT

MILEAGE RATE _____ TOTAL MILES _____ MILEAGE EXPENSE _____

PARKING & TOLLS

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

TOTAL MEALS

ADDITIONAL EXPENSES _____

(Air Fare, Uber, Gas, Etc.)

REGIST

TOTAL

P-CARD

ADVANCED

CASH RETURN OR DEFICIT

ACTUAL	ALLOWABLE
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

DATE _____ SIGNED _____

DATE _____ APPROVED _____

BUDGET CHARGED: