

**SAN LUIS VALLEY COMPREHENSIVE COMMUNITY
MENTAL HEALTH
TRAINING AND MEETING EXPENSES**

[] TRAINING

[] MEETING EXPENSES

CHECK ONE: Advance for upcoming event Request for reimbursement

Employee's Name:		Program:	
Name of Training/Meeting:			
Date of Training/Meeting:	to	Location:	

REGISTRATION:

CHECK PAYABLE TO: _____ \$ _____
 Mail in advance Hand Carry

EXPENSES:

Lodging:

Direct bill as arranged by the Business Office.

OR

[] Hotel Check Required - # of nights _____ @ \$ _____ \$ _____
 Hotel Check Payable to: _____

Meals: # of Breakfast		@ (\$6.00)	
Meals # of Lunch		@ (\$8.00)	
Meals # of Dinner		@ (\$15.00)	\$ _____

MILEAGE:

[] Center Vehicle
 [] Private Vehicle (# of miles @ \$.485/mile) \$ _____

TOTAL COST TO ATTEND	\$ _____
	\$ _____
Less separate registration paid	\$ _____
Less separate hotel check	\$ _____
 AMOUNT DUE EMPLOYEE	 \$ _____

Employee's Signature _____ Date: _____

Supervisor's Signature: _____ Date: _____

Program Director's Initials: _____ Date: _____ Code: _____