ABFDE Expense Report

Name _____

Reimbursement for:

- ☐ **Board of Directors Meeting - Location:** _____
- ☐ **Workshop - Type/Location:** _____
- ☐ **Other** _____

DATE	VENDOR	EXPENSE CATEGORY	AMOUNT
Transportation: Airfare (if not previously reimbursed), Luggage fees, Taxi / Shuttle, Airport Parking			
Meals - Daily per diem: $61/day ($14B, $16L, $26D, $5 incidentals)			
Miscellaneous expenses			
		TOTAL:	