

## STATEMENT OF EXPENSES

LAST NAME, FIRST NAME, MI	TITLE	PENSION NUMBER	CHECK NUMBER																		
EMPLOYEE/BOARD MEMBER'S ADDRESS																					
DESTINATION(S)		DATES OF TRAVEL/ATTENDANCE																			
PURPOSE OF THE TRIP																					
THE EXPENSES REPORTED ON THIS FORM ARE FOR THE FOLLOWING ADDITIONAL PERSONS (LIST NAME AND TITLE)																					
ACCOUNT NO                      R/C																					
41502																					
<p><b>REIMBURSEMENT ELIGIBILITY</b> Staff is required to file a statement of expenses within two weeks of returning from a conference, attaching all transportation and lodging receipts (and registration receipt if not prepaid directly). These costs are reimbursed in full and should be listed on lines 1 thru 4 at the right. If an expense was totally prepaid, and you do not know what the cost was, circle the area where the expense and corresponding prepaid amount below should go and they will be filled in for you.</p> <p>Reimbursement of all other expenses is limited to per diem amounts established by the Housing Authority (presently \$50 for each day in attendance plus one). Record the actual out of pocket costs for expenses not reported on lines 1 thru 4 on line 5a and the limitation amount on line 5b. The lesser of the two amounts is the amount that can be reimbursed and should be recorded on line 5c. Receipts are not required for expenses subject to per diem limitations.</p> <p>If any costs were prepaid by the HACM, enter the full cost on the appropriate line reporting the expense, and the amount prepaid on lines 7 thru 9. If a travel advance was provided, record that amount on line 10. These amounts will be deducted from the total eligible expenses to arrive at the amount due you from the HACM.</p> <p>If you circled any line as a cost was prepaid and you did not know the actual cost, do not enter totals on lines 6 and 9. These will be completed by HACM staff. However, please enter the amount due you from the HACM on line 12.</p>	<p><b>EXPENSES TO BE REIMBURSED 100% (RECEIPTS REQUIRED):</b></p> <p>1. TRANSPORTATION. <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> OTHER _____ IF <input type="checkbox"/> AUTO CENTER MILES DRIVEN ON HACM BUSINESS _____ \$ -</p> <p>2. LOCAL (OR GROUND) TRANSPORTATION SUCH AS TAXI, AUTO RENTAL, SHUTTLE, PARKING, ETC. \$ -</p> <p>3. LODGING. ENTER <b>ONLY</b> THE COST OF LODGING, OTHER ITEMS ON HOTEL BILL SUCH AS MEALS SHOW ON LINE 5a. \$ -</p> <p>4. REGISTRATION. COST CHARGED FOR SEMINAR OR CONVENTION OR OTHER TRAINING IF APPLICABLE. \$ -</p> <p><b>EXPENSES SUBJECT TO PER DIEM LIMITATIONS:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">5a. ACTUAL COST OF EXPENSES NOT LISTED ABOVE SUCH AS MEALS, PHONE, TIPS, ETC. \$ -</td> <td style="width: 30%;"></td> </tr> <tr> <td>5b. PER DIEM LIMITATION: NUMBER OF DAYS IN ATTENDANCE PLUS ONE TIMES \$50 PER DIEM LIMIT. \$ -</td> <td style="text-align: right;">0</td> </tr> </table> <p>5c. AMOUNT OF PER DIEM EXPENSES ELIGIBLE FOR REIMBURSEMENT. (LESSER OF 5a. OR 5b.) \$ -</p> <p>6. TOTAL EXPENSES ELIGIBLE FOR REIMBURSEMENT BY THE HACM (ADD LINES 1 THRU 4 PLUS 5C.) \$ -</p> <p><b>EXPENSES/ADVANCE PREVIOUSLY PAID:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">ITEM</th> <th style="width: 30%;">VOUCHER NUMBER</th> </tr> </thead> <tbody> <tr> <td>7. PREPAID PLANE OR TRAIN FARE FOR LINE 1 ABOVE. \$ -</td> <td></td> </tr> <tr> <td>8. PREPAID LODGING DEPOSIT FOR LINE 3 ABOVE. \$ -</td> <td></td> </tr> <tr> <td>9. PREPAID REGISTRATION FOR LINE 4 ABOVE. \$ -</td> <td></td> </tr> <tr> <td>10. TRAVEL ADVANCE PROVIDED EMPLOYEE. \$ -</td> <td></td> </tr> <tr> <td>11. TOTAL PREPAID EXPENSES AND ADVANCE PROVIDED PRIOR TO DEPARTURE (ADD LINES 7 THRU 10). \$ -</td> <td></td> </tr> <tr> <td>12. AMOUNT DUE TO (FROM) EMPLOYEE FROM (TO) HACM (SUBTRACT LINE 11 FROM LINE 6). \$ -</td> <td></td> </tr> </tbody> </table>			5a. ACTUAL COST OF EXPENSES NOT LISTED ABOVE SUCH AS MEALS, PHONE, TIPS, ETC. \$ -		5b. PER DIEM LIMITATION: NUMBER OF DAYS IN ATTENDANCE PLUS ONE TIMES \$50 PER DIEM LIMIT. \$ -	0	ITEM	VOUCHER NUMBER	7. PREPAID PLANE OR TRAIN FARE FOR LINE 1 ABOVE. \$ -		8. PREPAID LODGING DEPOSIT FOR LINE 3 ABOVE. \$ -		9. PREPAID REGISTRATION FOR LINE 4 ABOVE. \$ -		10. TRAVEL ADVANCE PROVIDED EMPLOYEE. \$ -		11. TOTAL PREPAID EXPENSES AND ADVANCE PROVIDED PRIOR TO DEPARTURE (ADD LINES 7 THRU 10). \$ -		12. AMOUNT DUE TO (FROM) EMPLOYEE FROM (TO) HACM (SUBTRACT LINE 11 FROM LINE 6). \$ -	
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<p>CERTIFICATION - I hereby certify that the expenses listed on this statement represent actual expenses incurred by me in conjunction with my duties and fiduciary responsibilities. I further warrant that these expenses have not been reimbursed to me by any other person or organization and hereby request reimbursement from the HACM.</p> <p>Signature _____ Date _____</p>																					

**APPROVED FOR PAYMENT:**

**AUTHORIZATION:**

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Chair, Housing Authority