

Correctional Management Institute of Texas at SHSU

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2021 TASC Conference

Galveston, April 20-22, 2021
 Request for Reimbursement of Expenses
 Form due by: May 22, 2021
Please allow 45 days for processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION Please complete in full.

Name: _____ Title: _____ County: _____
 Court: _____ Court Address: _____
 City/Zip: _____ Phone: _____ Email: _____

ITINERARY Please complete in full.

Departed: _____ (City) on Date: _____ at Time: _____
 Arrived: Galveston, TEXAS on Date: _____ at Time: _____
 Departed: Galveston, TEXAS on Date: _____ at Time: _____
 Arrived: _____ (City) on Date: _____ at Time: _____

REGISTRATION FEES Registration is \$300. This amount will automatically be deducted from your stipend award.

Total Prepaid by SHSU: \$N/A

MEALS Please note that some meals will be provided and attendees are not eligible for meal reimbursement if a meal was provided. **.Original detailed receipts are required. Per Diem rate: \$61 per day on conference days, \$45.75 for first and last day of travel**

	04/19/21	04/20/21	04/21/21	04/22/21	SUBTOTAL
Breakfast	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* Must be in travel status to claim meals on these dates.

TOTAL MEALS \$ _____

LODGING The amount of the lodging will be added into the totals. If your total reimbursement, including lodging costs, exceeds the \$1,000 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ _____

TRANSPORTATION The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$ _____
 Personal Auto Miles: _____ miles x .56 cents or current IRS rate/mile: _____ \$ _____
 Parking: \$ _____ Tolls: \$ _____ \$ _____
 Other Travel Expenses (please describe): _____ \$ _____

TOTAL TRANSPORTATION \$ _____

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$1,000, including prepaid conference registration fees)**I certify that:**

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: _____ Printed Name: _____ Date: _____

All reimbursement claims must be submitted within 30 days of the conference. The deadline for submitting reimbursement forms for this program is May 22, 2021. Please allow 45 days (from the date we receive your form) for processing.