

Correctional Management Institute of Texas at SHSU

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2023 NADCP Conference

Houston, June 25-29, 2023
 Request for Reimbursement of Expenses
 Form due by: July 29, 2023
Please allow 45 days for processing.

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

IDENTIFICATION

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

ITINERARY

Departed: _____ (City) on Date: _____ at Time: _____
 Arrived: Houston, TX on Date: _____ at Time: _____
 Departed: Houston, TX 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 Original detailed receipts are required. Per Diem rate: \$69 per day on conference days, \$51.75 per day for first and last day of travel

	04/10/2022	04/11/2022	04/12/2022	04/13/2022	04/13/2022	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 \$1,980 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 .655 cents: \$ _____

Parking: \$ _____ Tolls: \$ _____

Other Travel Expenses (please scribe): \$ _____

TOTAL TRANSPORTATION \$ _____

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$1,980, including prepaid conference registration fees)

I certify that:

1. The amounts listed are actual expenses paid personally by me (or by my court/county) for the purpose stated.
2. I have not been, nor will I be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.
4. 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 July 29, 2023. Please allow 45 days (from the date we receive your form) for processing.