

COCFA
Member Expense Statement ("MES") for Conference Reimbursement

Send to: COCFA Treasurer

Name:						Position				
Street Address:										
City & Zip:						Name of Event				
Email:						Phone:				
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Date -->								▼ Line Total \$ ▼		
									▼ Receipt ▼	
<i>Breakfast</i>									YES	
<i>Lunch</i>									YES	
<i>Dinner</i>									YES	
Lodging									YES	
Internet/WiFi									YES	
Portage & Tips									\$7/day MAX	
Hotel Parking									YES	
Air-Train-Bus Fare									YES	
Excess Baggage									YES	
Airport Parking									YES	
Shuttle / Taxi									YES	
Auto # of miles									NO	
\$ @ 54¢ per mile									NO	
Toll Road									YES	
Bridge									YES	
								Subtotal		
Advance	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Accounting Office Use Below This Line Only						Total Due ►				
			COCFA Treasurer Approval ►							