

**EXPENSE SUMMARY**

Name: \_\_\_\_\_ (first, middle initial, last)

SSN: \_\_\_\_\_

Address Check to be mailed to: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

|                                   |   |
|-----------------------------------|---|
| <b>Event:</b>                     | <b>Early Steps Service Coordination Statewide Meeting</b> |
| <b>Location:</b>                  | <b>Orlando Lake Mary Marriott; Orlando, FL</b>            |
| <b>Departure Date &amp; Time:</b> |   |
| <b>Return Date &amp; Time:</b>    |   |

**Check all that apply**

**Enter Amount**

**Hotel:**

**Note:** If you are not requesting hotel reimbursement, please state whether you stayed with friends or family.

\_\_\_\_\_

**Total Mileage in Personal Vehicle**   
 \_\_\_\_\_ miles @ \$.445 per mile

**Mileage from home or office to local airport and return**   
 \_\_\_\_\_ miles @ \$.445 per mile

**Vicinity Mileage:** \_\_\_\_\_ miles @ \$.445 per mile

**Airfare**   
 (If most economical carrier was not chosen, please justify use of other)

**Airport Parking Fees:**

**Rental Car:**   
 Please note whether car is compact rate, justify any other size vehicle, and list all passengers.

**Per Diem (Leave blank):**

**Tips:**   
 Please specify how much luggage, boxes, meeting materials etc.

**Other:** (i.e. tolls, the amount spent on gas if a rental car was used, and taxi fare expenses, not including the tip)

\_\_\_\_\_  
 \_\_\_\_\_

**Total:**