

Correctional Management Institute of Texas at SHSU
 Amber Gregory, TASC Executive Director
 Address: George J. Beto, Criminal Justice Ctr., SHSU
 City: Huntsville, Texas 77341-2296
 Phone/email: 936-294-3916 agregory@shsu.edu

2024 TASC Conference
 Fort Worth, March 26-28, 2024
 Request for Reimbursement of Expenses
Reimbursement Requests Due by: April 28, 2024
Please allow 45 days for processing.

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

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

ITINERARY

Departed: _____ (City) on Date: _____ at Time: _____
 Arrived: Fort Worth, TX on Date: _____ at Time: _____
 Departed: Fort Worth, 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: \$64 per day on conference days, \$48 per day for first and last day of travel*

	03/25/2024	03/26/2024	03/27/2024	03/28/2024	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 .67 cents: \$ _____
 Parking: \$ _____ Tolls: \$ _____
 Other Travel Expenses (please scribe): \$ _____
 TOTAL TRANSPORTATION \$ _____

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$1,000, 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 April 28, 2024. Please allow 45 days (from the date we receive your form) for processing.