

**Expense Worksheet**

**Name: [fill in]**

**Company: [fill in]**

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| **Expense** | **Comments** | **Cost** |
| Conference Registration | Registration is free for all hospital employees | $0 |
| Lodging | $ room rate + tax On average $200/night  | $ |
| Flight | On average $400 if flight is needed | $ |
| Transportation  | If flying: airport to hotel + returnIf driving: mileage, gas reimbursement  | $ |
| Parking  | If flying: airport feeIf driving: hotel fee | $ |
| Food Per Diem | Meeting registration includes: breakfast, lunch & breaks, as well as evening receptions/parties  | $25 |
| **TOTAL** | $ |