Icon

Description automatically generated with low confidence

**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 + return  If driving: mileage, gas reimbursement | $ |
| Parking | If flying: airport fee  If driving: hotel fee | $ |
| Food Per Diem | Meeting registration includes: breakfast, lunch & breaks, as well as evening receptions/parties | $25 |
| **TOTAL** | | $ |