**Arrangements and Expenditures for Annual Meeting**

**Year \_\_\_\_\_\_\_**

* *When using this form, do not include requests for dues and registration refunds for eligible graduate students who participate in your working group. Those requests will be handled at the meeting with a different form and are not treated as part of your group’s annual budget allocation.*
* *For each person you wish to support financially, use a separate form.*
* *For each person, check all that apply and complete sections checked.*
* *All hotel and airfare reservations will be arranged by the Executive Director.*
* *Those supported by your group who seek to have meals, mileage, and parking costs reimbursed will need to turn in receipts for each such expense. A reimbursement form will be in their registration packet for that purpose. We need you here to identify the individual(s) in your group who are eligible for such reimbursement and to specify the maximum amount of your group’s funds which you wish distributed to them for these purposes.*
* *The total amount of funds distributed to individuals shall not exceed the total amount that has been budgeted for your group.*

Name of Individual Recipient of Group Funds:

Address of Recipient:

Email of Recipient:

Mobile Number of Recipient:

□ Honorarium Amount:

□ *Submit W-9*

□ Hotel: Staying the night (s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Airfare or □ Mileage to the meeting (maximum amount authorized: \_\_\_\_\_\_\_\_\_\_\_)

Preferred airport: □ Return to same airport

Dates of travel:

Name as on ID: DOB:

Gender: Seat Preference:

□ Meals:

□ Per diem with no receipts: W-9 required as amount is reported to IRS as income.

□ Reimburse meal expenses up to per diem amount: Alcohol, mini-bar and room service fees not included; receipts required.

□ Annual Meeting Registration:

□ Completed form attached

□ Completed form already turned in

□ Dues:

□ Completed form attached

□ Completed form already turned in

Total Estimated Amount:

Total Actual Amount (completed by Executive Director):

The above expenditures are approved by:

Name of Group Facilitator:

SCE Group:

Date: