

CATO INSTITUTE

Expense Reimbursement Form

Name: John Smith

Address: 1234 Main Street, Springfield, VA 12345

Event Code: Sphere Summit

Event Date: 7/14/19 - 7/18/19

Cato Signature (initials): _____
Event Coordinator (initials): _____

Check one of the following: Speaker
Attendee

	<i>Amount</i>	<i>Check if Receipt Attached</i>
Travel (Air (if paid by self), Parking, Taxi)		
RT Airfare	\$ 325.00	<input checked="" type="checkbox"/>
Uber from airport to hotel	\$ 45.16	<input checked="" type="checkbox"/>
Uber from hotel to airport	\$ 50.29	<input checked="" type="checkbox"/>
Airport Parking	\$ 20.00	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Meals (Breakfast, Lunch, Dinner)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Hotel (if paid by self)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Miscellaneous		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total	\$ 440.45	

SAMPLE

List any additional notes here: