



Weaving Our Stories Conference
September 24-25, 2025

Expenses Authorization Form

Participant Information:

Name: _____ Institution: _____
Department: _____ Position: _____
Email: _____ Phone # _____

Participation purpose: [] Guest Speaker [] Breakout Session Presenter [] Special Guest
[] Entertainer/Cultural Presentation Other: _____

Expense Breakdown:

- Guest Speaker or Entertainer Fee \$ _____
• Transportation
- Airfare \$ _____
- Mileage \$ _____
- Carpool or rental \$ _____
- Per Diem \$ _____
- TR \$ _____
• Lodging \$ _____
• Meals \$ _____
• Miscellaneous (other than the expenses above) \$ _____

Please Indicate: _____

TOTAL EXPENSES \$ _____

List USU Indexes numbers and the respective amount each index will cover:

Index #: _____ Amount \$ _____ Index #: _____ Amount \$ _____

Receipts, invoices, contract, or documents attached: _____

Participant Signature

USU Authorized Signature

_____ / / _____ / / _____