

REQUEST FOR EXPENSE REIMBURSEMENT

NAME _____

DATE _____

Conference, Program, or Activity
for which expense was incurred: _____

Date (s) Expense Incurred: _____

Program or Budget Covering Expenses: _____

***** EXPENSES *****

	Numbers	Receipts	Total Expense	Reimbursable Amt.
Meals: Breakfast (s)	(_____)	_____	\$_____	\$_____
Lunch (es)	(_____)	_____	\$_____	\$_____
Dinner (ers)	(_____)	_____	\$_____	\$_____
Lodging: Nights	(_____)	_____	\$_____	\$_____
Registration, Fees, Etc.		_____	\$_____	\$_____
Mileage: (_____) X (_____) Miles Rate per mile			\$_____	\$_____

Other (Explain):

_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____

TOTAL REIMBURSEMENT REQUESTED \$_____

- Appropriate receipts (original) and/or documentation should be attached (maintain copies for individual records)

Account Number: _____

Approval of Building or Program Administrator

Date

COMMENTS: _____

€ Approved - Prepare & Issue Check (In anticipation of Board Confirmation)

€ Approved - Prepare for presentation with monthly Board Bills

€ Denied - (Comments):

Central Office Authorization

Date

TOTAL PAID \$_____