

Reimbursement Form

Checks will be mailed within 10 days of receiving the form. Provide address, city, state and ZIP CODE, e-mail and phone number. Reimbursement requests must be submitted within 30 days of the meeting or activity.

Name: \_\_\_\_\_
Address: \_\_\_\_\_ City, State, & Zip \_\_\_\_\_
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of meeting: \_\_\_\_\_

Purpose of travel: \_\_\_\_\_

Lodging: (Attach receipts) .

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Meals: (Actual cost up to \$35 per day/receipts required)

Date: \_\_\_\_\_ Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Total: \$ \_\_\_\_\_
Date: \_\_\_\_\_ Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Total: \$ \_\_\_\_\_
Date: \_\_\_\_\_ Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Date of Travel: \_\_\_\_\_
Reason for travel: \_\_\_\_\_
Mileage: From \_\_\_\_\_ to \_\_\_\_\_ (.54 cents/mile)

\*Consider renting a vehicle if the cost to rent is less than the IRS allowable rate; use MapQuest or other program to decide whether to rent a vehicle.
(Airfare will not be paid unless previously approved by Committee Chair)

Miscellaneous: (be specific and attach receipts)

Explanation: \_\_\_\_\_

Lodging: \$ \_\_\_\_\_
Meals: \$ \_\_\_\_\_
Travel: \$ \_\_\_\_\_
Miscellaneous: \$ \_\_\_\_\_
TOTAL AMOUNT DUE: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Anne Courtney, 207 W. Utica St., Sellersburg, IN 47172
(You may submit this request & copy of receipts as a PDF attachment)

E-mail anne@ecracpe.org

502-751-2230