



Expense Reimbursement

Name _____ County _____

Address _____ City _____ Zipcode _____

Position in organization _____ Date _____

Destination: From _____ To: _____

Itemize Expenses:

Postage	\$	_____
Phone		_____
Car _____ miles @ .55		_____
Bus/Plane Fare (economy rate)		_____

Total \$ _____

Lodging Expenses:

\$ _____ per night x _____ # nights
½ of total paid by you, double occupancy rate

Total \$ _____

Registration: \$ _____ ½ of total paid by you

Total \$ _____

Other expenses _____

Total \$ _____

Total All Expenses \$ _____

Approved by: _____
President

1. People riding with me _____
2. I rode with _____

- **Receipts** required for **all** expenses except mileage!
- Submit within 60 days of expenditure and no later than December 15
- Submit to the President of the level of ECA you are representing for reimbursement
- Mileage is only reimbursed for miles in personal vehicle