



# 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

1/2 of total paid by you, double occupancy rate

Total \$ \_\_\_\_\_

Registration: \$ \_\_\_\_\_ 1/2 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