

EXPENSE REIMBURSEMENT REQUEST

No payment shall be made without this completed form, attached receipts and written approval by an appropriate Executive Board Officer.

Date Submitted by Requestor (MANDATORY) Date: _____

Check Payable to: _____

Company Name (if applicable): _____

Mail payment to (street address/city/state): _____

Phone: _____

Email: _____

Please indicate amount

Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)	Please indicate amount								Item in Budget (yes or no)	Charge to Budget Item	
		Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .56.5 per mile	Parking	MISC OR Shuttle/ Taxi	Total			
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TOTAL										\$ -		

*Mileage: Attach printout from MapQuest, GoogleMaps, etc.
Form must be submitted within 45 days of event or expense.

Attach all receipts and documentation.

Email as one PDF file to valerie@caladmanagement.com