T.E.A.C.H., INC.
EXPENSE REIMBURSEMENT FORM
(All receipts must be attached before reimbursement will be made.)

NAME: _____ VENDOR #: _____ INVOICE #: _____

TRAVEL EXPENSE REIMBURSEMENT CLAIM FUNDING SOURCE: _____

TRANSPORTATION:
Travel Purpose: _____

Personal Auto - Destination: _____ Date(s): _____
(48.5 cents per mile allowed) _____ Miles x .485 $ _____

LODGING:
Dates of Lodging: _____ Location: _____ $ _____

MEALS:	DATE:	Breakfast $6.00	Lunch $10.00	Dinner $18.00	Total
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____
	_____	_____	_____	_____	$ _____
				TOTAL MEALS	$ _____

OTHER AUTHORIZED TRAVEL EXPENSE:
_____ $ _____
_____ $ _____
TRAVEL EXPENSE TOTAL $ _____

PURCHASE OF EQUIPMENT, SUPPLIES, AND OTHER REIMBURSEMENT CLAIM:

Funding Source: _____
Prior approval was obtained from _____ Approx Date: _____
Reason why purchase order or requisition procedure could not be used.
_____
_____

DESCRIPTION OF ITEM(S):
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
EQUIPMENT, SUPPLIES, AND OTHER REIMBURSEMENT TOTAL $ _____

GRAND TOTAL $ _____

I hereby certify that the above expenses were actual and necessary, and were incurred in the performance of official T.E.A.C.H., Inc. business and that no prior claim has been made for any portion.

SIGNED: ✎_____ Date: _____ SUPERVISOR: ✎_____ Date: _____

FOR OFFICE USE ONLY

Executive Director/CEO Approval _____ Date: _____

Account Codes:

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____	_____%	$ _____
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____	_____%	$ _____
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____	_____%	$ _____
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____	_____%	$ _____