



# EMPLOYEE EXPENSE REIMBURSEMENT FORM

NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PROFESSIONAL ACTIVITY: \_\_\_\_\_

DATE	ITEM	DESCRIPTION	AMOUNT
	Mileage (57.5 cents/mile)		\$
	Tolls		\$
	Materials/Supplies		\$
	Tuition		\$
	Food/Refreshments		\$
			\$
	Conference: Registration		\$
	Airfare		\$
	Lodging		\$
	Meals		\$
	Other: (specify)		\$
			\$
			\$
			\$

Total \_\_\_\_\_

*I certify that the amounts submitted above are true and correct and incurred during the course of necessary business on behalf of the Southern Worcester County Educational Collaborative. In support of this request for reimbursement, I have attached the applicable course approval/conference request forms/original receipts/travel log.*

\_\_\_\_\_  
 Employee's Signature Date

\_\_\_\_\_  
 Director's Signature Date

APPROVED BY:

\_\_\_\_\_  
 Executive Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Business Administrator

\_\_\_\_\_  
 Date