

NAME_____

EMPLOYEE EXPENSE REIMBURSEMENT

PURCHASE ORDER NO:

PROGRAM:

ADDRESS _____

PROFESSIONAL ACTIVITY: _____

DATE	ITEM	DESCRIPTION	AMOUN
	Mileage (54 cents/mile)		\$
	Tolls		\$
	Materials/Supplies		\$
	Tuition		\$
	Postage		\$
	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 Lower Pioneer Valley Educational Collaborative. In support of this request for reimbursement, I have attached the applicable Professional Meeting/Trip Approval Form, Purchase Order, and/or original receipts.

	EMPLOYE	E SIGNATURE	Date
APPROVED BY:		ACCOM	PANIED BY:
		🗌 Purcha	ise Order
Director (Exec, SpEd, OcEd)	Date		sional Activity vel Form
Director of Finance	Date	🗌 Origina	al Receipts

z::ADMINISTRATION/\forms\employee expense reimbursement FY15-2.pdf

LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE 174 BRUSH HILL AVENUE, WEST SPRINGFIELD, MA 01089 PHONE 413-735-2200 FAX 413-735-2280

SERVING AGAWAM * EAST LONGMEADOW * HAMPDEN-WILBRAHAM * LONGMEADOW * LUDLOW * SOUTHWICK-TOLLAND-GRANVILLE * WEST SPRINGFIELD

EMPLOYEE MILEAGE LOG

	Locations			
Date	From	То	Miles	Purpose
		1		
		Total Miles		