



# EMPLOYEE EXPENSE REIMBURSEMENT

NAME \_\_\_\_\_

PURCHASE ORDER NO: \_\_\_\_\_

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

PROGRAM: \_\_\_\_\_

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

DATE	ITEM	DESCRIPTION	AMOUNT
	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.*

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

\_\_\_\_\_  
 Date

APPROVED BY:

\_\_\_\_\_  
 Director (Exec, SpEd, OcEd)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director of Finance

\_\_\_\_\_  
 Date

ACCOMPANIED BY:

- Purchase Order
- Professional Activity Travel Form
- Original Receipts

