



Expense Reimbursement Form

Version 05-02-13

Please Type or Print Clearly
***Mandatory Information**

(Office use)
Voucher# _____

*Name		*PHWFF Program	
*Address			
*City		*State	*ZIP
*Phone		*Email	
*Reason for Claim	Travel to		
	Purchase of		

Travel Claim for One Trip Only
 (air, train, bus, rental car and fuel, toll, luggage, parking, taxi, tips, lodging, meals, etc.)

Date (MM-DD-YY)	Type (attach receipts for all costs listed over \$25.00)	Cost

Date (MM-DD-YY)	Personal Vehicle Fuel Claim for One Trip Only (Select (1), (2) or (3) only for trips in excess of 50 miles one way)			
	(1) IRS Rate	Miles Driven	Dollars/Mile	
	(2) Actual Fuel Cost enter data →	Miles Driven	Gallons of Fuel	
	(3) Calculated Fuel Cost enter data →	Miles Driven	Fuel Cost/Gallon	
			Average Miles/Gallon	
TOTAL TRAVEL COST				

Purchase Claim (rods, reels, waders, vises, office supplies, printing, shipping, etc.)

Date (MM-DD-YY)	Type (attach receipts for all costs listed)	Cost
TOTAL PURCHASE COST		

Use Duplicate Form(s) as Needed

Total Reimbursement

Claimant Signature	Date	RC or Superior Approval	Date	Staff, CEO or Treasurer Approval	Date
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**Email completed Form & scanned receipts to your superior
 Superior forwards to reimburse@projecthealingwaters.org
 Or, sign, date and mail completed Form & receipts to your superior**