



PLEASE TYPE OR PRINT CLEARLY

Expense & Mileage Reimbursement Request

Complete this form to request reimbursement for **pre-approved** out-of-pocket expenditures.
 Attach original receipts for ALL items . Number each receipt according to "Ref #" column for cross reference purposes.
 Items not pre-approved or without receipts will not be reimbursed.
 Send completed form and appropriate documentation to: EFSC Treasurer
 Enter number reimbursable miles traveled. Enter start and end points in Description. 2019 IRS Mileage rate is .58

Print Name: _____
 Address: _____

Signature: _____

Ref #	Date	Project/Activity	Vendor	Description	Amount	Mileage	IRS Mileage Rate
A							\$ -
B							\$ -
C							\$ -
D							\$ -
E							\$ -
F							\$ -
G							\$ -
H							\$ -
I							\$ -
J							\$ -
K							\$ -
L							\$ -
M							\$ -
Column Subtotal					\$ -		\$ -

Total of both columns: \$ -

Reimbursement Details

Check #: _____
 Amount: _____
 Date: _____