



EXPENSE REIMBURSEMENT FORM

(Receipts should accompany all reimbursement requests unless noted)

1. Please fill out this form completely. Your reimbursement check will be mailed to the address below unless otherwise noted.
2. Include a complete description of the expense.
3. Subtotal the amount in the column at the right and grand total all columns at the bottom.
4. Verify the document by typing in your name, signing, and dating on the appropriate line.
5. E-mail to: swatatreasurer@gmail.com

Name: _____ Position/Activity _____
 Address: _____ City _____ State _____ Zip _____

EXPENSES:

AMOUNT

MEALS: \$50.00 per Diem (i.e. \$10, \$15, and \$25 no receipts required)

Description of use: _____ \$ _____

HOTEL: (Most competitive rate available)

Description of use: _____ \$ _____

AUTOMOBILE MILEAGE: (Multiply total miles x 67.5 cents per mile)

Description of use: _____ \$ _____

AIR FARE: (Coach or economy class ticket)

Description of use: _____ \$ _____

MISC EXPENSES: (Telephone, Printing, Office Supplies, Postage, Parking, etc.)

Description of use: _____ \$ _____

TRAVEL ADVANCE IF APPLICABLE \$ _____

TOTAL AMOUNT OWED YOU \$ _____

Member Approval _____ **Date** _____

FOR ADMINISTRATIVE USE ONLY

Date received: _____ **SWATA Check #** _____ **Budget Code #** _____