EXPENSE REIMBURSEMENT REQUEST FORM

PAYEE INFORMATION

PAYABLE TO:

STREET ADDRESS:

CITY: STATE: ZIP:

CONTACT NAME:

EMAIL ADDRESS

PHONE NUMBER

SWE HQ CONTACT:

EXPLANATION
OF EXPENSES:

PAYMENT INFORMATION

DESCRIPTION	AMOUNT
Example: Food- McDonalds	*$ 200.00*
Mileage : X (enter .545 - this is the reimbursement rate)	0
Total Requested Amount	$ $ 0.00 -

PLEASE SUBMIT COMPLETED FORM TO SUBMIT.INVOICE@SWE.ORG

INSTRUCTIONS:

1. **INCLUDE RECEIPTS FOR ALL EXPENSES LISTED FOR REIMBURSEMENT**
2. **FORM AND RECEIPTS MUST BE COMBINED IN ONE PDF DOCUMENT.**
3. **FOR MILAGE REIMBURSEMENT, INCLUDE CONFIRMATION OF MILES DIRVEN (EX: GOOGLE MAPS)**
4. **DO NOT SUBMIT THIS FORM IF FOR BOD,SENATE OR LCC EXPENSE REIMBURSEMENT. SUBMIT THOSE THROUGH CONCUR EXPENSE.**

Revised 4/24/2019