

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 :	Х	(enter .545 - this is the reimbursement rate)		
Total Requested Amount			\$	-

PLEASE SUBMIT COMPLETED FORM TO AWARDS@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 09/01/2022