## Expense **Reimbursement Form**

	Name													
	Institution													
	Addr	ess												
	City							State/ Province			zip/ ostal			
	Phone						Email			'	,			
Travel	Purpose							Dates						
	Location													
Expenses	Form	n of Trav	el									Cost		
	Airplane				Round Trip Airfare									
	○ Train				Example: AmTrak or MARC									
	O Personal Vehicle				Round Trip M				x \$	5.545		0		
	Lodg	ing												
	○ Single Room Rate				days@			perday						
	Meals													
	0	Itemize	d Receipts											
	Miscellaneous Expenses													
	Parking				Examples: at airport, hotel, vendor location									
	<ul><li>Ground Transporation</li></ul>				Examples: Shuttle, Subway, Bus, Taxi, etc									
	Rental Car			Must be approved by ERAPPA Board										
	Other (list)													
	Other (list)													
	Other (list)													
	All claims will be paid in US dollars  Total Cost Estimate - US\$  0													
Requestor Signature	All	Clairis	will be paid	11110					St ESti	illate		Melnick	0	
	Signature								ERAPPA		Treasurer nsylvania Sta	te		
	Make Check Payable to		Payable to:								Univers			
or ERAPPA Use	Check Amount			Date Notes				omitto ERAPPATreasurer				ity Park, PA 16		
	, anount						along with <i>original</i> receipts.					PrintF	orm	