## **Expense Reimbursement Form**

## Eastern Region of APPA, Serving Educational Facilities Professionals

	Name									
	Institution									
	Address									
	City					State/		Zip/		
	City					Province		Postal		
	Phone				Email					
Travel	Purpose					Dates				
	Location									
Expenses	Form of Trav	orm of Travel							Cost	
	Airplane		Round Trip Air	Round Trip Airfare						
	Train  Personal Vehicle		Example: AmT	Example: AmTrak or MARC						
			Round Trip M	Round Trip Mileage:						
	Lodging			Mount The Mineager						
	Single Room Rate			days @			per day			ī
	Meals			11,700			, ,			
	Itemized Receipts									
	Miscellaneous Expenses									
	Parking		Examples: at airport, hotel, vendor location							1
	Ground	Transporatio	n Examples: Shutt	Examples: Shuttle, Subway, Bus, Taxi, etc						
	Rental (		·							$\exists$
	Relital	-di	Must be approv	Must be approved by ERAPPA Board						_
	Other (	list)								
	Other (	list)								
	Other (list)									
Poguestan	All claims will be paid in US dollars Total Cost Estimate -							Gary Goss		
Requestor Signature	Signature					Date		ı	ERAPPA Treasurer	
	Make Check	Payable to:							Yale University Yale Center for British Art	
For ERAPPA	Check Dar		Date	ate		Submit to ERAPPATreasurer			1080 Chapel St. New Haven, CT 06510	
Use			NOT FOR MOBILE USE		along with receipts (original receipts optional).				Treasurer@erappa.org	
									203-432-2807	