



Atlantic Provinces - Delaware Valley - Keystone - Maryland-DC - New Jersey - New York  
Northern New England - Ontario Universities - Ontario Colleges - Quebec - Southern New England

Eastern Region of APPA, Serving Educational Facilities Professionals

## Expense Reimbursement Form

### Travel

|             |  |                    |       |                |  |
|-------------|--|--------------------|-------|----------------|--|
| Name        |  |                    |       |                |  |
| Institution |  |                    |       |                |  |
| Address     |  |                    |       |                |  |
| City        |  | State/<br>Province |       | Zip/<br>Postal |  |
| Phone       |  | Email              |       |                |  |
| Purpose     |  |                    | Dates |                |  |
| Location    |  |                    |       |                |  |

### Expenses

| Form of Travel         |                                                          | Cost                 |
|------------------------|----------------------------------------------------------|----------------------|
| Airplane               | Round Trip Airfare                                       | <input type="text"/> |
| Train                  | Example: AmTrak or MARC                                  | <input type="text"/> |
| Personal Vehicle       | Round Trip Mileage: <input type="text"/>                 | <input type="text"/> |
| Lodging                |                                                          |                      |
| Single Room Rate       | <input type="text"/> days @ <input type="text"/> per day | <input type="text"/> |
| Meals                  |                                                          |                      |
| Itemized Receipts      | <input type="text"/>                                     |                      |
| Miscellaneous Expenses |                                                          |                      |
| Parking                | Examples: at airport, hotel, vendor location             | <input type="text"/> |
| Ground Transportation  | Examples: Shuttle, Subway, Bus, Taxi, etc                | <input type="text"/> |
| Rental Car             | Must be approved by ERAPPA Board                         | <input type="text"/> |
| Other (list)           | <input type="text"/>                                     | <input type="text"/> |
| Other (list)           | <input type="text"/>                                     | <input type="text"/> |
| Other (list)           | <input type="text"/>                                     | <input type="text"/> |

All claims will be paid in US dollars

Total Cost Estimate - US\$

Requestor  
Signature

|           |                      |      |                      |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

Make Check Payable to:

For ERAPPA  
Use

|        |                    |
|--------|--------------------|
| Check  | Date               |
| Amount | NOT FOR MOBILE USE |

Submit to ERAPPA Treasurer  
along with receipts  
(original receipts optional).

**Gary Goss**

ERAPPA Treasurer  
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