

Expense Reimbursement Form

include all original receipts

Name:			
Address:		Purpose/Event of Expenditure:	
Phone: Email:		Sub Needed Y or N: Date:	# of Days:
		List Items	
Date	Description		Amount
	'		
	- , ")		
(Mileage reimbursed @ .57s (\$75 max/day for meals, or		is included with event.)	Total: <u>\$</u>
Approval Signature		Please Return this form to:	
Amount Approved	Pajaro Valley Federation of Teachers		
Check # Date Paid		734 East Lake Avenue, Suite 1	
Dale Faiu		Watsonville, CA 95076	(831) 722-2331