



ARIZONA
ASSOCIATION FOR
ENVIRONMENTAL
EDUCATION

Promoting Environmental Literacy in Arizona

Expense Reimbursement Report

Name: _____ SS#: _____

Address: _____

Phone: _____ Email: _____

(Please check one)

_____ No payment needed. Expenses paid with check(s) # _____

_____ Make check payable to: _____

_____ Mail check directly to: _____

Please itemize expenses, attach receipts (if applicable) and complete all sections below:

Mileage rate is \$.20/mile. If claiming mileage, please note total miles driven.

Date of Expense	Vendor Name (if applicable)	Description of Expense (supplies, mileage, etc)	Amount of Expense

Total Amount of Receipts: \$_____

Signature: _____ Date: _____

Please submit to your committee chair or AAEE President for approval.

Keep a copy for your records.

Approval Signature: _____ Date: _____