

# IEEA Expense Form

For all expenses to be paid/reimbursed by IEEA including conferences/registration.

Date \_\_\_\_\_

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Reason for payment/reimbursement (please denote budget line item, if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list expenses below\*:

<u>DATE</u>	<u>ITEM or EXPENSE</u>	<u>(IF KNOWN) BUDGET LINE ITEM</u>	<u>\$ AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL:</b>			_____

**\*PLEASE ENCLOSE A COPY OF YOUR RECEIPT FOR ALL EXPENSES. Please note: expenses related to travel or conferences CANNOT be reimbursed until after the event.**

**Total IEEA EXPENSE REQUESTED BY MEMBER:** \_\_\_\_\_

**Who should the check be made payable to:** \_\_\_\_\_

**What address the check should be mailed to:** \_\_\_\_\_

\_\_\_\_\_

Please return form & receipts to: ATTN: Nikky Witkowski  
Purdue Extension, Porter County  
155 Indiana Avenue, Suite 301  
Valparaiso, IN 46383

—or—

nikky@purdue.edu