

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)</u> <u>BUDGET LINE ITEM</u>	<u>\$ AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL:	_____

***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