# IEPA Expense Form

For all expenses to be paid/reimbursed by IEPA.

Date_____

Name_____County_____

Address_____City_____Zip_____

Phone_____ Email _____

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

_____

Please list expenses below*:

| Date | Expense | Budget Line Item (if known) | $ Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **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 IEPA 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: Sthele Greybar
Purdue Extension, Elkhart County
17746 County Road 34 Ste E
Goshen, IN 46528
—or—
IEPAtreasurer@gmail.com


This document has been remediated for ADA and Section 508 compliance
by Lais McCartney, August 2026.