



## EMPLOYEE EXPENSE REIMBURSEMENT

NAME \_\_\_\_\_

PURCHASE ORDER NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PROGRAM: \_\_\_\_\_

PROFESSIONAL ACTIVITY: \_\_\_\_\_

DATE	ITEM	DESCRIPTION	AMOUNT
	Mileage (70 cents/mile)		\$
	Tolls		\$
	Materials/Supplies		\$
	Tuition		\$
	Postage		\$
	Food/Refreshments		\$
	Conference: Registration		\$
	Airfare		\$
	Lodging		\$
	Meals		\$
	Other: (specify)		\$
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL

*I certify that the amounts submitted above are true and correct and incurred during the course of necessary business on behalf of the Lower Pioneer Valley Educational Collaborative. In support of this request for reimbursement, I have attached the applicable Professional Meeting/Trip Approval Form, Purchase Order, and/or original receipts.*

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
Director (Exec, SpEd, OcEd)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Finance

\_\_\_\_\_  
Date

**ACCOMPANIED BY:**

- Purchase Order
- Professional Activity  
Travel Form
- Original Receipts

### LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

174 BRUSH HILL AVENUE, WEST SPRINGFIELD, MA 01089    PHONE 413-735-2200    FAX 413-735-2280

SERVING AGAWAM \* EAST LONGMEADOW \* HAMPDEN-WILBRAHAM \* LONGMEADOW \* LUDLOW \* SOUTHWICK-TOLLAND-GRANVILLE \* WEST SPRINGFIELD

