

Economic Recovery Volunteer Expense Report



Name: _____ **Title:** _____ **SS#:** _____

Company: _____

Please check here if reimbursement should be paid to Company

Address: _____

City: _____ **State:** _____ **Zip:** _____

Dates of Service: _____

Please fill out the following form and attach receipts where required.
Return to Andrea Bauerfeind (see contact information below).

Airfare: Forward electronic confirmation via email, fax or attach receipt

Rental Car/Public Transportation: Attach or fax receipt(s)
IEDC will reimburse mid-level car rentals and associated gas/parking fees, public transportation fares, or mileage at a rate of 44.5 cents/mile. Receipts are required for gas and transportation costs other than mileage.

Accommodation: Attach or fax receipt
IEDC will reimburse mid-level lodging, not to exceed \$120/night plus taxes and fees.

Per-Diem: Receipts not required; please calculate requested reimbursement based on partial days on assignment, as outlined below:

- Breakfast: \$10
- Lunch: \$15
- Dinner: \$20

Expenses		Duration	Totals
Airfare	Home airport: _____ Destination: _____		\$
Transportation – indicate number of days if a rental/miles for mileage/etc.			\$
Accommodation – indicate number of nights			\$
Per-Diem			\$
Total			\$

Signature: _____ **Date:** _____

Office Use Only:	
Receipts attached:	<input type="checkbox"/> Airfare <input type="checkbox"/> Rental Car <input type="checkbox"/> Accommodation
	<input type="checkbox"/> Other _____
Amount Reimbursed: \$ _____.	Approved by: _____ Date: _____