## **EACE**

3601 East Joppa Road Baltimore, MD 21234 Phone: 410-931-8100 Fax:410-931-8111

## **2022 Reimbursement Form**



## Receipts must be attached in order to get reimbursed.

SUBMITTE	R'S INFO	RMATION:					MAKE CHECK PAYABLE TO (if different):				
Name		Position			Name						
Mailing Address							Mailing Address				
City/State/Zip			_				City/State/Z	<u>Z</u> ip			
E-Mail Address			_								
						Rental Car					
Date	Account	Description	Hotel	Transport	Mileage **	Fuel	Meals	Phone	Entertain	Other	TOTAL
Duto	710004111	2000.15.1011	110101	Transport	imougo		- moulo	1 110110		Ctilo	
** Current	** Current mileage reimburgement rate is 58.5 cents/mile ** Man/directions including mileage must be included.  Sub Total										
Current filledge reinibursement rate is 30.3 cents/fille - Map/ullections including filledge filds be included.											
Committee Members and Chairs, must be approved by Board Elaison. Scholarship & Grant recipients must be											
approved by Committee Chair. To be completed by designated approver:											
Approved	l by:			[	)ate:						
By choc	kina thic	box, I affirm that I have	o roviowo	d and ann	rovo thic r	oimburco	mont form	to be pre	cossed by	EACE Ho	adauartore
By ClieC	King tills	b box, i ammin mat i llav	e reviewe	u anu appi	ove uns r	ennour se	ment loni	to be pro	เษองยน ม่ง	LACE HE	auquarters
Office Use On	ly					CLICK	HERE for E	ACE reimbu	ırsement po	licies & prod	cedures.