EACE

1617 John F. Kennedy Blvd. STE 810 Philadelphia, PA 19103 (215) 987-0563

2025 EACE Reimbursement Form



Receipts must be attached in order to get reimbursed.

SUBMITT	TER'S INFO	RMATION:					MAKE CHECK PAYABLE TO (if different):				
Name			Position				Name				
Mailing Address			=				Mailing Add	Iress			
City/State/Zip			_				City/State/2	Z ip			
E-Mail Address		_									
						Rental Car					
Date	Account	Description	Hotel	Transport	Mileage **		Meals	Phone	Entertain	Other	TOTAL
					9:						
** Current mileage reimbursement rate is 70 cents/mile **Map/directions including mileage must be included.											

By checking this box, I affirm that I have reviewed the reimbursement policies & procedures, and if applicable, this form was approved by the designated individual before submitting to Headquarters.