

2025 Expense Reimbursement Form

Paid To The Order Of:

Phone:

Email:

Check Payable To:

Mailing Address:

City, State, Zip:

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☐
☐
☐

COMPANY

AARC

ARCF

DAED

PAYMENT TYPE

E - Payment

Check

**Description of Usage / Reason
for Reimbursement:**

Itemized Expenses

Attach Receipts. Circle the date & amount on each receipt. For partial receipts, circle the items & write the total on the receipt

| DESCRIPTION | ACCOUNT NUMBER | PREPAID BY COMPANY | QTY | AMOUNT |
|----------------------------|----------------|-----------------------|-----|--------|
| AIRFARE | | | | |
| LODGING (ROOM & TAX ONLY) | | | | |
| PER DIEM (\$70.00 PER DAY) | | | | |
| MILEAGE (\$0.67 PER MILE) | | | | |
| TAXI/UBER/SHUTTLE, ETC. | | | | |
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| | | | | |
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| TOTAL TO REIMBURSE | | | | |

Requestor Signature

Date

Approval

Approved By (Name)

Position

Signature

Date