



EXPENSE REIMBURSEMENT REQUEST FORM

The Arc of Pennsylvania
1007 Mumma Rd, Suite 100
Lemoyne, PA 17043
Phone: 717-234-2621
www.thearca.org

NAME: (check one) Volunteer Staff (The Arc of PA)
TRIP TO: DATE OF TRIP:
TRIP PURPOSE:

- Expenses must be documented by receipts. If cash or personal credit card is used, then receipts must accompany this reimbursement request form.
- Expenses cannot be reimbursed unless approved by President or Executive Director
- Reimbursement request form must be submitted to The Arc of PA no later than 30 days of expense being incurred
- Meals reimbursed at cost or U.S. GSA per diem, whichever is lower; alcoholic beverages not reimbursed.*
- When donating cost of expenses receipts are still needed including EZpass receipts for tolls

Lodging
Meals*
Transportation (airfare, taxi, rental car, etc.)
Personal Auto - Mileage @ IRS rate \$0.575=
Parking
Tolls
Supplies
Other (specify)

Subtotal:
Less individual's donation to The Arc of PA (thank you)
Total due individual:

Address to which check should be mailed:

I certify this request to be accurate (Signature of individual submitting request) (Date)

Approved: (President / Executive Director) (Date)

Achieve with us.