

# SSF Expense Reimbursement Form

Original, itemized receipts for any expense must be attached

Name: \_\_\_\_\_ Event Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, zip: \_\_\_\_\_

(i.e., FIRC/Site Survey/Safety Seminar)

Event 1: \_\_\_\_\_  
 Event 2: \_\_\_\_\_  
 Event 3: \_\_\_\_\_

Date	Event	Vendor	Number of Days	Travel						Food			Contract Fee	Other*
				Hotel	Airfare	Car Rental	Fuel	Parking	Taxi/Train/Bus/Limo	Breakfast	Lunch	Dinner		
			<b>TOTAL:</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Mail form, original receipts and other backing documentation to SSF Treasurer

Ron Ridenour  
 1160 Catherine Ave  
 Naperville, IL 60540-5642

Other\* (Provide explanation for \_\_\_\_\_  
 each item in this category): \_\_\_\_\_

Approval  
 Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Name/Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Contract Fee: \$0.00  
 Claimed Expenses: \$0.00  
 Signature: \_\_\_\_\_

Lodging Subtotal: \$0.00  
 Transportation Subtotal: \$0.00  
 Meals Subtotal: \$0.00  
 Other Subtotal: \$0.00