Expense Reimbursement Form



Name (Payee fo Reimbursement)		Expense Period
Mailing Address		From:
City/State/Zip		To:
Phone Number		
		Give Where You Live
		today, tomorrow & beyond
	Fund Name	

Itemized Expenses

DATE	DESCRIPTION - VENDOR/INVOICE #, ETC	ACCOUNT CATEGORY	AMOUNT
		TOTAL REIMBURSEMENT	ς -

Note: Mileage will be reimbursed at the current IRS standard mileage reimbursement rate.

Attach receipts to completed form.

Signature	Date
Fund Advisor Signature	Date

Completed forms, receipts/invoices - please submit:

by e-mail: Emily Crabtree emily@luvacf.org

or by mail: Luverne Area Community Foundation 102 E Main PO Box 623 Luverne, MN 56156.

Most payments will be processed within 7 business days.