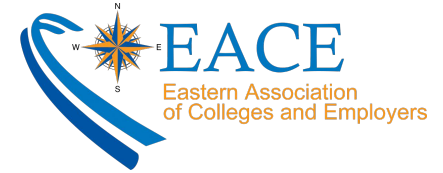


EACE

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



Receipts must be attached in order to get reimbursed.

SUBMITTER'S INFORMATION:

Name _____ Position _____
 Mailing Address _____
 City/State/Zip _____
 E-Mail Address _____

MAKE CHECK PAYABLE TO (if different):

Name _____
 Mailing Address _____
 City/State/Zip _____

Date	Account	Description	Hotel	Transport	Mileage **	Rental Car Fuel	Meals	Phone	Entertain	Other	TOTAL

*** Current mileage reimbursement rate is 65.5 cents/mile ** Map/directions including mileage must be included.*

TOTAL

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.

[CLICK HERE for EACE reimbursement policies & procedures.](#)