

Expense Reimbursement Form 4 Elements Earth Education

First & Last Name: _____

Event/Program: _____ Date(s): _____

Reimbursement By: PayPal [email address: _____]
CHECK ONE
 Check [mailing address: _____]

Mileage

Miles driven in your personal vehicle to/from an assignment are reimbursed at the IRS rate for nonprofits.

	Date	Destination/Purpose	Odometer Start	Odometer End	Total Miles
1					
2					
3					
4					
5					
Total Miles:					
IRS Nonprofit Rate (\$/Mile): \$			0.14	Total Mileage: \$	

Purchases

All out-of-pocket purchases must be substantiated by an original, itemized receipt. If you paid for a GoodHire background check and have not yet been reimbursed, please include that here and attach the receipt.

	Date	Good/Service Purchased	Reason for Purchase	Amount Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Purchases:				\$
Total Mileage & Purchases:				\$

By submitting this form, I certify that the expenses above were exclusively for the benefit of 4E.

RETURN THIS FORM TO THE 4E OFFICE FOR REIMBURSEMENT
 info@4eee.org | 530-265-2036 | P.O. Box 1823, Nevada City, CA 95959