

CCMS Expense Reimbursement Form

PLEASE READ: Receipts must be copied and/or taped to an 8 1/2 x 11 sheet of paper. Staple receipted page to this form. Incomplete expense forms will be returned to sender for completion.

Name _____ Date(s) of Trip _____

Reason for Trip _____

Location of Trip _____

PLEASE NOTE: Private car mileage reimbursed at **\$0.50/mile** includes gas.
Please list mileage, start to finish (car mileage expenses will NOT be reimbursed without mileage listing).

Please itemize all expenses.

Expense	Date	Amount out of Pocket expense	Amount Charged To Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Expenses: \$ _____

Minus Advance: \$ _____

Total Due Employee: \$ _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official CCMS business, and that I have attached original receipts for each expense.

Signature: _____

Date: _____

Authorized by: _____

Date: _____

Return completed form to:

Laura Geraghty
Payroll Manager, CCMS
33 Rock Hill Road, Suite 350
Bala Cynwyd, PA 19004

For CCMS use only:

Cost Center to Bill Expenses: _____

Pay Date: _____

