



Expense Reimbursement Form - SMDP SCHOLARS

Name: _____

Address: _____

Phone number: _____

| Date | Expense Item | Location/Destination | Purpose/Affiliation | Amount |
|-----------------|--------------|----------------------|---------------------|--------|
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| | | | | |
| Total \$ | | | | |

Note:

- Receipts are required for all expense items
- Original receipts are required for all cab rides
- If you drove, you will be reimbursed at the current government mileage reimbursement rate of \$0.55/mile

Payment due to Participant \$ _____

Please mail this form with receipts to:
 International Center for Professional Development
 Attn: Dustielyn Savage
 27890 Clinton Keith Road, Suite D314
 Murrieta, Ca 92562

Signature: _____
Social Security Number: _____
Date: _____

Internal use only
Approved By : _____
 Code: _____ Class: _____
 Date: _____