

Birmingham Holocaust Education Center
Expense Documentation Form

Today's Date _____

| |
|----------------------|
| Name _____ |
| Address _____ |
| City/State/Zip _____ |
| Phone _____ |
| Email _____ |

| | |
|---|----------------------------|
| Workshop: | |
| Date of Workshop: | |
| Tuition Expense: | \$ <u>Pre-paid by BHEC</u> |
| Transportation: | |
| Automobile mileage # of miles _____ X \$.535/mile = | \$ _____ |
| Airfare (Ticket) | \$ _____ |
| Ground (shuttles, taxis) | \$ _____ |
| Lodging: # nights _____ X cost/night _____ = | \$ _____ |
| Meals: | \$ _____ |
| Total Cost to be Reimbursed | |
| \$ _____ | |

Expense reports must be submitted within two (2) weeks of event and must include receipts for reimbursement. Reimbursement checks will be mailed to the address listed above.

Return completed form with receipts to: Birmingham Holocaust Education Center
P.O. Box 130805
Birmingham, AL 35213-0805