

**Birmingham Holocaust Education Center**  
**Expense Documentation Form**

Today's Date \_\_\_\_\_

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

<b>Workshop:</b>	
<b>Date of Workshop:</b>	
Tuition Expense:	\$ <i>Pre-paid by BHEC</i>
<b>Transportation:</b>	
Automobile mileage                      # of miles _____ X \$.54/mile =	\$ _____
Airfare (Ticket)	\$ _____
Ground (shuttles, taxis)	\$ _____
Lodging:    # nights _____ X cost/night _____ =	\$ _____
Meals:	\$ _____
<b>Total Cost to be Reimbursed</b>	
<b>\$ _____</b>	

*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