

Exhibit 23 – Travel Expense Request Reimbursement Form

ERIE METROPOLITAN HOUSING AUTHORITY TRAVEL EXPENSE REQUEST REIMBURSEMENT FORM

Employee Name:	Department/Title:	Date:
Name of Meeting or Function (Attach Meeting Notice or Affidavit):		
Date of Meeting or Function:		
Name(s) of Other Employee(s) Attending, if applicable:		
Check Appropriate Items: <input type="checkbox"/> EMHA Vehicle <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Credit Card <input type="checkbox"/> Gas Card		

PLEASE PROVIDE ESTIMATED EXPENSES FOR THE FOLLOWING

ITEM	QUANTITY	RATE	TOTAL
1. MILEAGE (ROUND TRIP)			\$
2. MEALS			\$ \$ \$
3. MOTEL/HOTEL ACCOMMODATIONS			\$
4. PARKING FEES			\$
5. REGISTRATION FEES (CHECK ONE) <input type="checkbox"/> TO BE PAID BY EMPLOYEE & REIMBURSED <input type="checkbox"/> TO BE PREPAID BY ACCOUNTING & PRESENTED AT REGISTRATION BY EMPLOYEE (ALLOW 7 DAYS FOR CHECK) <input type="checkbox"/> TO BE PREPAID BY ACCOUNTIN AND MAILED IN WITH REGISTRATION (COMPLETED FORM ATTACHED - ALLOW 7 DAYS FOR CHECK)			\$
6. OTHER			\$
APPROPRIATION ACCOUNT NO.			\$ TOTAL ESTIMATED EXPENSE

SIGNATURES	APPROVAL	DISAPPROVAL	DATE
Supervisor:			
Executive Director:			

EXPENSE VOUCHER

RECEIPTS ATTACHED FOR:

- 1) Mileage
- 2) Meals
- 3) Motel/Hotel
- 4) Parking Fees
- 5) Registration Fees
- 6) Other

GRAND TOTAL CLAIMED TO BE REIMBURSED:

APPROVAL / DISAPPROVAL
EXPENSES ARE: APPROVED DISAPPROVED

DATE: