



# Expense Form for Reimbursement

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

## Payee Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

## Event / Meeting

Affiliate Name \_\_\_\_\_

Event Name \_\_\_\_\_

Driver/Guide (name, if applicable) \_\_\_\_\_

## Mileage & Transportation

Miles Driven \_\_\_\_\_

Mileage Total (\$0.60/mi) \_\_\_\_\_

Bus / Cab / Train Fare \_\_\_\_\_

Other Transportation \_\_\_\_\_

Explanation of Other \_\_\_\_\_

Total Transportation \_\_\_\_\_

## Meals & Other Expenditures

Meal Cost (max \$60/day) \_\_\_\_\_

Other Expenditures \_\_\_\_\_

Explanation of Other \_\_\_\_\_

Grand Total \_\_\_\_\_

## Agreement & Signature

By typing your full name and date below, you certify that the above information is accurate and you have attached all required receipts and documentation.

Full Name (Electronic Signature) \_\_\_\_\_

Date \_\_\_\_\_

Mail completed form to MCB St. Louis office.