

**Birmingham Holocaust Education Center
Expense Documentation Form (effective January 2018)**

Today's Date _____

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

Workshop:			
Date of Workshop:			
Tuition Expense:			\$ <i>Pre-paid by BHEC</i>
Transportation:			
Automobile mileage	# of miles _____ X \$.545/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