

Please scan this completed form to Emily Murphy via email at murphye@wabash.edu

**Do not password protect.
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WABASH CENTER EXPENSE REPORT

ALL RECEIPTS MUST BE ATTACHED. *This is necessary for our records and as a qualification of reimbursement as non-taxable income.*

Name _____ Date _____ last 4 digits of Social Security # _____

Home Address (for W-2 forms)

City, State, Zip _____ *(checks will be sent to this address unless otherwise noted)*

Name of meeting/activity and location _____

Date of meeting/activity _____

TRAVEL COSTS

AMOUNTS

Airline

From _____ \$ _____

To _____

Car mileage (\$0.70) _____ # of miles *(Attach a Google Map)* \$ _____

From _____

To _____

Other: (Please list/specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REIMBURSEMENT NEEDED

\$

Signature of person requesting reimbursement

Signature of Wabash Center Official approving request

*Maintain one copy for your income tax records.

8/9/22

Wabash Center for Teaching and Learning in Theology and Religion
301 W. Wabash Ave., Crawfordsville IN 47933
(765)361-6047 or 800-655-7117