

Date: _____

Smile Survey Screener
Expense Reimbursement Form 2022
Arcora Foundation

Name _____

Address _____

Purpose & Date of Meeting _____

Expenses

Travel

From _____ To _____
 Mileage _____ miles @ \$ _____ \$ _____
 Plane Fare \$ _____
 Parking/Cab/Uber/Lyft Fare \$ _____
 Ferry/Bridge Tolls \$ _____

Meals

Breakfast \$ _____
 Lunch \$ _____
 Dinner \$ _____

Lodging

Hotel/Motel \$ _____

Miscellaneous

_____ \$ _____

TOTAL EXPENSES \$ _____

This is a true and accurate itemization of expenses incurred by myself while on business, underwritten by Arcora Foundation.

Signature _____ Date _____

Approved _____ Date _____