# Expense Reimbursement Form

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| Name and Date of Event: | 2024 Grantee Convening – September 20-21, 2024 |
| Participant Name: |  |
|  |  |
| Name for Reimbursement:Address for Reimbursement: |  |
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|  |
| Contact Name: |  |
| Contact E-Mail: |  |
| Contact Phone: |  |

Reimbursement will be by Wire Transfer or Electronic Fund Transfer, please fill out the information below. Please note that banks often charge a fee for incoming Wire Transfers and we are unable to reimburse for this expense**.**

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| --- | --- |
| Bank Name: |  |
| Bank Address: |  |
| Name on Account: |  |
| Account Number: |  |
| International Bank Swift Code (for Wire Transfer): |
|  |  |
| U.S. Bank ABA Routing Number (for Electronic Fund Transfer):***Please refer to sample check with illustration of routing number location on next page.*** |
|  |  |

### Sample check

## Itemized Expenses

Complete the information below and retain copies of receipts for your records.

* Reimbursement can be processed in the following currencies: USD.

**PLEASE NOTE** all expenses must be converted to the same currency.

* Please use [xe.com](http://xe.com) for any expense that needs to be converted. Use the historical rate per the receipt/invoice date and add the rate on the invoice or in the explanation below.
* Mileage will be reimbursed at $0.67 per mile, which is the current IRS standard mileage rate for business miles driven; please provide a start and end point for mileage reimbursement.

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| --- | --- | --- | --- |
| **Item/Explanation of Event** | **Amount of Expense** | **Currency Type** | **Account Code (Internal Use Only)** |
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| **Total Amount Requested** |  |  |  |

Please send the ***receipts*** within 90 days of travel, along with the completed itemized expenses form to ***XXXXX XXXXX*** at XXXXX@merid.org

For Internal Use Only

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| --- | --- | --- |
| Project Code: | Account Code: | Amount: |
| Approval: | Date Processed: |