

Pennsylvania Association for Adult Continuing Education (PAACE)

Request for Payment

1. ITEMIZED DESCRIPTION OF PRODUCTS AND/OR SERVICES *(if travel, include travel to and from addresses, total mileage, and organization purpose of the trip)*

Date: _____

Description:

Mileage = _____ total miles x \$0.50 = _____ (total reimbursement)

2. TOTAL AMOUNT DUE: _____ **Date:** _____

3. Signature of PAACE Member requesting payment (required) _____

4. SUBMIT COMPLETED, SIGNED FORM WITH RECEIPTS OR OTHER DOCUMENTATION TO:

Alexander M Dow, GPLC 411 7th Ave Suite 525 Pittsburgh, PA 15219 – Fax: 412-393-7620 – Email: adow@gplc.org

FOR BOARD TREASURER USE ONLY: *Check written by:* _____ *Date* _____ *Check No.* _____

PAACE reimbursement reminders (as of July 2010):

- 1. Mileage reimbursement is \$0.50/mile (IRS standard rate)*
- 2. Travel expenses for meals and beverages are limited to \$35 per 24-hour period. Alcoholic beverages will not be reimbursed.*
- 3. Hotel reimbursements will be limited to \$100/night in the Philadelphia, Pittsburgh, Harrisburg, and State College metropolitan areas. Outlying areas will be reimbursed at \$80/night. Itemized hotel and meal receipts will be required. Prior approval is needed for hotel stays for non-board meeting hotel stays.*
- 4. Please submit original receipts with reimbursement request.*