



Expense Reimbursement Form

Directions: Please print legibly. Social Security Numbers are required for individual expense reimbursement, if you would like to submit costs to your organization, Partnerships for Innovation will reimburse upon invoice receipt. If two or more checks need to be made payable to different entities, please complete multiple forms with appropriate information.

Substitute Teacher Reimbursement: To be reimbursed for substitute teacher costs, schools/districts must submit a request on letterhead to include the following: to whom should the check be made payable, the amount (not to exceed \$150/day), and the name of instructor/teacher for whom the substitute was contracted.

Personal Information			
Name/Organization			
Mailing Address			
City			
State			
Zip			
Social Security Number			
Reimbursement			
Activity /Event			
Date(s)			
Total miles driven		Reimbursement rate @ \$0.51/mile =	\$
Meal Costs <i>If traveling more than 150 miles, one way itemized receipts required</i>			\$
Hotel <i>must be pre-approved itemized receipts required</i>			\$
Total Reimbursement			\$

To be fully reimbursed for all expenses, materials must be submitted within 30 days of activity.

Requestor's Signature: _____

Date: _____

Partnerships for Innovation Signature: _____

Date: _____

Return all materials completed and signed to:

Erika Volker, Partnerships for Innovation
2111 Quartz Drive, Papillion, NE 68046
No fax available

Erika@partnershipsforinnovation.org
Erikavolker@hotmail.com
Questions please call: 402.305.9480