



**SPRINGFIELD TECHNICAL COMMUNITY COLLEGE
PROFESSIONAL ASSOCIATION
EXPENSE REIMBURSEMENT REQUEST**

SUBMITTOR: Submit to PA Treasurer for consideration in person, or mail to:

Springfield Technical Community College
c/o Eric Brown, STCC/PA Treasurer
One Armory Square, STE 1
P. O. Box 9000
Springfield, MA 01102-9000

| | |
|-------------------|--|
| Name: | |
| College or Title: | |
| Date: | |

Mileage Rate: 0.51

| Date | Explanation | Miles | Mileage Expense | Tolls & Parking | Meals | Office Supplies | Printing | Misc | TOTAL | For Office Use |
|---------------|-------------|-------|-----------------|-----------------|-------|-----------------|----------|------|-------|----------------|
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| TOTALS | | | | | | | | | | |

Comments - Notes

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DEADLINE:
All expenses must be submitted within **45 days** of the date on which

| | |
|--------------|-------|
| Signature | |
| Address | |
| City | Zip |
| Approved By: | Date: |