



**Iowa AEYC Expense/Mileage Report Form**

Full Name of Person Completing Form: \_\_\_\_\_

DATE OF EXPENSE	PROGRAM CHARGED*	EXPENSE CATEGORY	DESCRIPTION and PURPOSE of activity	AMOUNT

\*For staff use only.

**Note:** Current mileage is \$.39 per mile

Total: \$ \_\_\_\_\_

Net reimbursement (after any donation): \$ \_\_\_\_\_

Of this reimbursement, I am choosing to donate \$ \_\_\_\_\_ to Iowa AEYC.  
This donation is tax deductible as allowed by law.

Make Check Payable to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Signature of person completing expense form: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by (staff program manager): \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Send to: Iowa AEYC, 5525 Meredith Drive, Suite F,  
Des Moines, IA 50310.  
Fax 515.331.8995.  
Email: [info@iowaaeyc.org](mailto:info@iowaaeyc.org)

Office Use Only
Check #:
Date Check Issued:
Account: