## Federation for Children with Special Needs 529 Main Street, Suite 1M3, Boston, MA 02129

## Staff Expense Reimbursement Including Travel

Name	:					
		Ιv	vould like to red	ceive my payr	nent via epay.	
Addres	SS:					
		You v	vill receive an em	nail from bill.cor	n to set this up	
Email:						
	Mileage: IRS rate is \$0.67 per m	ile as of January 1, 2	2024			
Mileage desc	cription must include purpose of trip, both start from and er A round trip can be listed	d points, and miles t		compute # of r	niles X .67.	
	Also indicate how mileage was calculated ex. vi Per Diem Rates -(reach out to Business office with que FOR EXPENSES- please write what was	a google map, waze, stions): gsa.gov (clic	k Per Diem at top			
5.	Description:				N	
Date	Only use TOP 5 lines of text per box	Amount	Account #	C	Class #	
			Grant Specific	:		
		If usin	ng a specific gran	t the Class nun	nber must be 21	
			0 10 15			
		1£	Grant Specific			
		ir usi	ng a specific gran	nt the Class nur	nber must be 21	
			Grant Specific			
		If usi	ng a specific gran		nber must be 21	
			Grant Specific			
		If usi	ng a specific gran	nt the Class nun	nber must be 21	
			Grant Specific			
	Sales Tax is NOT r	oimburged If usin	mburged If using a specific grant the Class number must be 21			
А	copy of the FCSN ST-2 is available on Staff Portal and		ed to vendor pr	ior to purchas	e	
	Tota	nl				
	Signature of Requester (QuickSign)	Date:		Page	of	
				When submitt	ing more than 1	
-	Signature of Director (QuickSign)	Date:		req form per r	eimbursement	
	Signature of Director (QuickSign)					

Note: Original Receipts must be attached to this PDF (use Combine feature in Nitro)