ILR Expense Reimbursement Form

Instructions:

- **Complete the form below. Total up your expenses. Attach all receipts.**
- **Sign and Date form**
- **Scan to: trleviter@gmail.com (preferable). If you cannot scan, then mail to: Tema Leviter, 30 Bayberry Court, Beacon Falls CT, 06403.**

DATE	VENDOR	AMOUNT

Send check to:

_____
Name

_____
Address

_____
Signature