



# Project Learning Tree-Ohio Inkind Service Log / Expense Reimbursement Form

Please indicate:  Inkind Service     Reimbursement

Name:					Phone:		
Address:					Email:		
City:					Name of Event:		
State:		Zip:		County:			

Please list total hours spent on workshop, mileage total, and expenses below along with the reason for the expense for tracking purposes.

**Total Hours:** \_\_\_\_\_

**Mileage Total:** \_\_\_\_\_

**Expense:** \$ \_\_\_\_\_

**Reimbursement Expenses**

DATE	ITEM / REASON	EXPENSE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Reimbursement:</b>		\$

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

Attach all receipts to this form and mail to: Sue Wintering  
 PLT-Ohio Coordinator  
 2045 Morse Road, Building H-1  
 Columbus, OH 43229-6693