

## SOMATIC EXPERIENCING® TRAINING COORDINATOR'S EXPENSE WORKSHEET

NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

TRAINING LOCATION: \_\_\_\_\_

COMPLETE DATES OF TRAINING: \_\_\_\_\_

LEVEL OF TRAINING: \_\_\_\_\_

FACULTY MEMBER PRESENTING: \_\_\_\_\_

	# OF STUDENTS	AMOUNT PER STUDENT	AMOUNT DUE *
COORDINATING COMPENSATION:		\$	\$

(\*1099 AMOUNT)

<b>FHE USE ONLY</b>	
<b>1099 AMOUNT</b>	\$ _____
<b>EXPENSES</b>	\$ _____
<b>TOTAL AMOUNT PAID</b>	\$ _____
<b>AUTHORIZATION FOR PAYMENT</b>	<b>DATE</b>

DESCRIPTION	DATE	TEL/FAX	POSTAGE	COPIES	SUPPLIES	SNACKS	MILES	OTHER
<b>TOTAL EXPENSE:</b>		\$	\$	\$	\$	\$	\$	\$

TOTAL COMPENSATION	\$		<b>COORDINATOR'S SIGNATURE:</b>
TOTAL EXPENSES	\$		
<b>TOTAL REIMBURSEMENT</b>	\$		