



THE CENTER FOR CASE MANAGEMENT
 386 Washington Street, Suite 2
 Wellesley, MA 02481

Office use only

- Report Received: _____
- Billed w/invoice # _____
- Hold billing: _____
- Not billable: _____

ASSOCIATE AND CONSULTANT EXPENSE REPORT

Consultant: _____

Client or Conference: _____

Date of Consultation*: _____

*Expense Reports are due within 7 business days of completion of this date.

| | <i>Check if split (Explain in Notes)</i> | Personal Card or Cash | CCM AmEx* Receipt required |
|---|--|----------------------------------|---------------------------------------|
| Airfare | <input type="checkbox"/> * | \$ _____ | \$ _____ |
| Mileage (no. of miles)_____ X (\$.56/mile) | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Car Rental | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Gas (for rental cars <i>only</i>) | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Ground Transportation (Taxi, car service, etc). (Bring totals from page two) | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Parking – Consultant's point of origin | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Parking – client site | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Lodging | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Meals (Bring totals from page two) | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Gratuities | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Other (explain in notes or on back of form) | <input type="checkbox"/> | \$ _____ | \$ _____ |
| Total Expenses | | \$ _____ | \$ _____ |

| | |
|---|----------|
| Your fees as agreed with CCM:: \$ _____/day x _____ days | \$ _____ |
| Personal expenses (from above) | \$ _____ |
| Total to be reimbursed to consultant | \$ _____ |

Reminder: Receipts are required for all expenses, even if paid by CFCM.

Notes:



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Meal Expense Report

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total |
|---|--------|---------|-----------|----------|--------|----------|--------|------------|
| <i>Date</i> | | | | | | | | |
| Breakfast/CCM* | | | | | | | | |
| Breakfast/Consultant | | | | | | | | |
| Lunch/CCM | | | | | | | | |
| Lunch/Consultant | | | | | | | | |
| Dinner/CCM | | | | | | | | |
| Dinner/Consultant | | | | | | | | |
| <i>Total: CCM</i> | | | | | | | | |
| <i>Other/CCM</i> | | | | | | | | |
| <i>Other/Consultant</i> | | | | | | | | |
| <i>Total/Consultant¹</i> | | | | | | | | \$ _____ |
| <i>Total/CCM²</i> | | | | | | | | \$ _____ |
| <i>Less Alcoholic³ beverages</i> | | | | | | | | (\$ _____) |

*CCM is *only* for individuals with a CCM American Express credit card.

¹ Total out-of-pocket meal costs. (Remember to provide receipts.)

² Total those meals paid with the CFCM American Express credit card. (Remember to provide receipts.)

³ Please clearly mark all alcoholic beverages on meal receipts and deduct the total from your reimbursement. If it is on a CCM AmEx card it will be deducted from your expense reimbursement/compensation.

Ground Transportation Expense Report

| <i>Date</i> | <i>From</i> | <i>To</i> | <i>Cash/Personal Card</i> | <i>CFCM Direct Bill or AmEx</i> |
|--------------|-------------|-----------|-------------------------------|-------------------------------------|
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| TOTAL | | | | |

Revised February 21, 2014