

EXPENSE REIMBURSEMENT

NAME: _____

Receipts must be attached for all expenditures except mileage.

DATE	DESTINATION/REASON	FEES	LODGING	MEALS	MILEAGE x \$.655	
						MILE
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
	SUBTOTALS	\$0.00	\$0.00	\$0.00	0.00	\$0.00
	TOTAL REIMBURSED					\$0.00

APPROVED _____

Supervisor