EXPENSE REIMBURSEMENT

Employee Name _____ Month of _____

MISCELLANEOUS EXPENSES (ATTACH RECEIPT FOR EACH ITEM; USE ADDITIONAL SHEETS IF NEEDED)

Date	*Vendor*	*Description*	*Amount*
		Subtotal (Misc. Expenses)	

MILEAGE EXPENSES (USE ADDITIONAL SHEETS IF NEEDED)

Date	*Destination/Comments*	*Start Miles*	*Stop Miles*	*Total Miles*
			Subtotal (Miles)	
			x rate/mile	
			= Subtotal (Mileage)	
			+ Subtotal (Misc. Expenses)	
			= Total Reimbursement	

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date