

EXPENSE CLAIM FORM

Employee Name: _____

Work Location: _____

 Employee Number: **E** _____

Month/Year: _____

MILEAGE *(attach additional sheets if necessary)*

| DATE | FROM | TO | ROUND TRIP MILES | PURPOSE |
|--------------------|------|----|------------------|---------|
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| | | | | |
| TOTAL MILES | | | | |

x .545 per mile \$ _____ 5858

MEALS & MEETING REFRESHMENTS *(attach receipts, meeting agenda and attendee list)*

| DATE | BRKFST \$15 Max/pp | LUNCH \$16 Max/pp | DINNER \$28 Max/pp | MEETING REFRESH | # PEOPLE SERVED | PURPOSE |
|------|-----------------------|----------------------|-----------------------|--------------------|--------------------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOTAL MEALS \$ _____ 5559

OTHER EXPENSES *(attach receipts)*

| DATE | VENDOR | PURPOSE/DESCRIPTION OF ITEMS | AMOUNT |
|------|--------|------------------------------|--------|
| | | | |
| | | | |
| | | | |
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TOTAL OTHER EXPENSES \$ _____ 5599

TOTAL REIMBURSEMENT REQUESTED \$ _____

| APPROVAL | BUDGET CODE(S) | AMOUNT OR PERCENT |
|---|----------------|-------------------|
| Immediate Supervisor Signature _____ Date _____ | _____ | _____ |
| Budget Authority Signature _____ Date _____ | _____ | _____ |

CERTIFICATION

I hereby certify under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof.

Claimant's Signature _____ Date _____