

### 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
TOTAL MILES				x .56 per mile      \$ _____

5858

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

DATE	BRKFST \$17 Max/pp	LUNCH \$18 Max/pp	DINNER \$31 Max/pp	MEETING REFRESH	# PEOPLE SERVED	PURPOSE
TOTAL MEALS \$						_____

5559

**OTHER EXPENSES** (attach receipts)

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

5599

**TOTAL REIMBURSEMENT REQUESTED \$** \_\_\_\_\_

<b>APPROVAL</b> <hr/> Immediate Supervisor Signature _____ Date _____ <hr/> Budget Authority Signature _____ Date _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">BUDGET CODE(S)</th> <th style="width: 40%;">AMOUNT OR PERCENT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	BUDGET CODE(S)	AMOUNT OR PERCENT						
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<b>CERTIFICATION</b> 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.									
<hr/> Claimant's Signature _____ Date _____									