

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 .625 per mile \$ _____

5858

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

DATE	BRKFST \$16 Max/pp	LUNCH \$17 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 \$ _____

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 _____