

EXPENSE REIMBURSEMENT**NAME:** _____

Receipts must be attached for all expenditures except mileage.

DATE	DESTINATION/REASON	FEES	LODGING	MEALS	MILEAGE x \$.725
					\$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
	TOTAL REIMBURSED				\$0.00

APPROVED _____

Supervisor