

BI-WEEKLY EXPENSE REPORT

DEADLINE TO SUBMIT EXPENSES IS THE FRIDAY PRIOR TO YOUR PAY DATE.

NAME: _____

DATE: _____

DATE	ITEM (General Description)	AMOUNT
PLEASE ATTACH ALL RECEIPTS		TOTAL EXPENSES (A)

MILEAGE REIMBURSEMENT
<i>(Complete mileage detail on reverse side of this form)</i>
Total Number of Miles _____
Reimbursement Rate X *0.585 _____
Total Mileage Reimbursement (B) _____

TOTAL REIMBURSEMENT DUE
Total Expenses (A) _____
Total Mileage Reimbursement (B) + _____
Total Reimbursement Due _____

Employee Signature & Date

Manager's Approval & Date