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)** 0

MILEAGE REIMBURSEMENT

(Complete mileage detail on reverse side of this form)

Total Number of Miles	
Reimbursement Rate X	***0.65**
Total Mileage Reimbursement **(B)**	0.00

TOTAL REIMBURSEMENT DUE

Total Expenses **(A)**	0
Total Mileage Reimbursement **(B)** +	0
Total Reimbursement Due	0

Employee Signature & Date

Manager's Approval & Date

Form Jan 2010