

REQUEST FOR REIMBURSEMENT OF EXPENSES AND MILEAGE

NAME: _____ DATE: _____

EXPENSES ACCOUNT NUMBER: _____

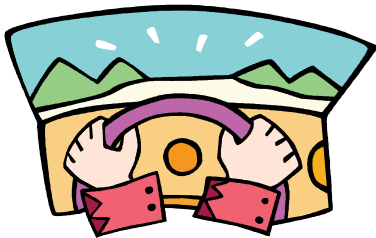
(Itemized receipts must be attached to this form for reimbursement.)

DATE	ITEM PURCHASED	PLACE PURCHASED	AMOUNT

Total purchases \$ _____

MILEAGE ACCOUNT NUMBER: _____

DATE	PLACE VISITED	REASON FOR TRIP	MILES



Total miles _____
 At \$0.____ per mile = \$ _____
 Total expenses (above) \$ _____
 Total reimbursement \$ _____

Signature

Authorized by