

Employee Name _____
 Department/Title _____

REIMBURSABLE EXPENSES	DAY, DATE	DAY, DATE	DAY, DATE	DAY, DATE	DAY, DATE	TOTALS
	(Sample)					
	Sunday, 8/17/03					
Destination ->	Amherst, MA					
Purpose ->	Training					
Mileage:						
Stop Odometer	1014200.5					
Start Odometer	1014100.6	0	0	0	0	
Miles Traveled	99.9	0	0	0	0	
X2 (RT)	199.8	0	0	0	0	
@Town Reimbursement Rate	\$ 110.89	\$ -	\$ -	\$ -	\$ -	
0.555						
Tolls (Receipts Attached)	\$ 2.00					
Parking (Receipts Attached)	\$ 24.00					
Meals (Receipts Attached)						
Breakfast	\$ 6.50					
Lunch	\$ 5.25					
Dinner	\$ 17.10					
Meals Subtotal:	\$ 28.85	\$ -	\$ -			
Telephone (Receipts Attached)	\$ 0.36					
Other (Describe):						
TOTALS:	\$ 166.10	\$ -	\$ -	\$ -	\$ -	\$ -