TOOELE CITY EXPENSE REIMBURSEMENT REPORT

NAME: _____ **DATE SUBMITTED:** _____

DEPARTMENT: _____ **COST CODE:**

TOTAL COST	

TRAVEL OR EXPENDITURE EXPLANATION: _____

MONTH	DATE	DAILY MILEAGE		HOTEL	MEALS			MISCELLANEOUS		TOTAL EACH DAY
		MILES	ALLOWANCE		BREAKFAST	LUNCH	DINNER	EXPLANATION	AMOUNT	
TOTALS										

LESS : TRAVEL ADVANCE	
NET REIMBURSEMENT	

RECEIPTS ARE REQUIRED AND MUST BE ATTACHED TO EXPENSE REPORT

REQUESTED BY:

_____
EMPLOYEE NAME (PLEASE PRINT)

_____
EMPLOYEE (SIGNATURE)

APPROVED:

_____
DEPARTMENT HEAD

_____
MAYOR

FORM # 14
REV 5/2000