

Request for Advancement or Reimbursement of Expenses

Employee's Name _____ Date _____

Amount Advanced for Expenses (if any) _____ Supervisor Approval _____

Each person requesting reimbursement for expenses should fill out a separate form. Be sure to include all pertinent information on this form and attach documentation such as what was attended, the location of the event, statement of miles driven, receipts (receipts should include items purchased, amount of purchase, date, name of establishment, and in case of meals, which meal), etc. Reimbursement will only be for actual expenses incurred and will not exceed the maximum for the categories as follows: breakfast - \$10.00; lunch - \$15.00; dinner - \$20.00; mileage - \$.585 per mile.

MEALS

Date Expense Incurred	Amount for Breakfast	Amount for Lunch	Amount for Dinner	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Totals	_____	_____	_____	Meal Total _____

MILEAGE

Date	Number of Miles		Amount	
_____	_____	x \$.585	=	_____
_____	_____	x \$.585	=	_____
_____	_____	x \$.585	=	_____

Mileage Total _____

Grand Total _____

Less Advance _____

Total Reimb _____

Supervisor's Signature

Employee's Signature

CFO