EMPLOYEE EXPENSE REIMBURSEMENT REPORT (eff. 1-1-19)

Non-Social Services Staff

PRINT NAME: Zoey Brooks

MILES FROM HOME TO OFFICE (ONE-WAY TRIP) 8

Date	Weekend	Total Mileage	Col (D) Less round trip miles to/from home/office	Col (E) If not round trip, add back miles from Column D	Reimbursable Miles	(a/c 5101) Tolls, Parking, and Cabs	(a/c 5102) Car Rental, Gasoline, Airfare	(a/c 5103) Staff Hotel	(a/c 5104) Staff Meals	(a/c 5303) Meeting Expense	(a/c 5202) Conferences, Registrations	(specify a/c #) Other Expenses	Client Name, Purpose, or Description
10/23/19		35.6	16		19.6	$ 4.00						40-5101-45-40	COH Panel Discussion
10/28/19		31.8	16		15.8							40-5101-80-85	In-Service
10/30/19		20	16		4	$ 21.27						40-5101-80-85	NBC Community Action Board
10/30/19		8.5	0		0		$ 51.23					40-5101-45-40	PCH Visit
11/19/19		6.3	0		0					$ 35.16	$ 72.10	40-5101-45-40	Boarding
			0	8	0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
			0		0								
				Total Miles	**39.4**	**$ 25.27**	**$ 51.23**	**$ -**	**$ -**	**$ 35.16**	**$ 72.10**	**$ -**	
				Mileage Rate **$ 0.580**	**$22.85**	**RECEIPTS REQUIRED - Please Attach**							

STEPS:

1. Add name to pg 1, cell L1. Add one-way mileage (home to office) cell L2.
2. Add Dates of travel and/or expense in column A. Check column B if travel is on weekend.
3. Add total mileage per trip in column C.
4. If roundtrip mileage noted in column D should not be deducted, use column E to add it back.
5. Add detail expenses in columns G - M. **Must attach receipts**.
6. Description of purpose for expense must be included in column N.
7. Use the "Summary" section to note Dept/Prog code and Account # for for Other Expenses.
8. Print report and sign all pages.
9. Supervisor appproval required for reimbursement.

SUMMARY -	a/c #	Dept/Prog	Amount
Mileage reimbursement	5101		$ 22.85
Local transportation	5101		$ 25.27
		sub-total	*$ 48.12*
Rental car/gas/airfare	5102		$ 51.23
Hotel	5103		$ -
Staff Meals	5104		$ -
Meeting expense	5303		$ 35.16
Conferences/seminars	5202		$ 72.10
Other expenses (specify)			$ -

TOTAL REIMBURSEMENT DUE (Page1) **$ 206.61**

Date Submitted **10/23/2019**

Employee Signature _____

Supervisor Approval _____