

Travel Expense/Reimbursement Report

	Sanitary District				-Are any of the below requested reimbursement amounts in excess of the limits? YES NO -If yes, do you want to be reimbursed for those amounts in excess? YES NO							
				-If yes, nat	ure of circumst	ances resultir	ng in excess e	expenses:				_
ame: osition: epartment:		-	Date: Location: Nature of Official Business:							_		
•				-								-
Date	Description of Expense	Fuel	Tolls	Travel Miles	Mileage	Air/Other	Lodging (<\$222)	Breakfast (<\$17)	Meals Lunch (<\$18)	Dinner (<\$34)	Other*	Total
	Total Expenses	\$	\$	1	\$	\$	\$	\$	\$	\$	\$	\$
			(Mileage reim	mile/	personal vehicle is			7	Fotal Reimb	oursement Ar	mount Requested	Ψ
** Receints I	MUST be attached for each expense in order	to he elig	ible for re	eimbursei	ment***					(to be con	Total In Excess apleted by Office	
neccipes	root be acceeded for each expense in order	to be eng	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Total R	ecommended	l Reimbursemen	t
Itemized Exnense	es or Description for "Other"									(to be con	npleted by Office	\$
Date	Description	Amount										
			-	Coding (for	r office use on	ılvì						
		-	ode .B117	Amount		Signature of Requester						
			-	.C222			Approved by			Title		
					Total	<u>-</u>	Date					