

Four Rivers AoR Expense Reimbursement

Name:

Address:

Expense Period

From:

To:

Business Purpose:

Itemized Expenses

DATE	MILEAGE	RATE	COST
		0.56	-
DATE	CATEGORY	AMOUNT	COST
	HOTEL (ROOM, TAX, AND INTERNET ONLY)		
	AIRFARE		
	TRANSPORTATION		
	MEALS		
	MISCELLANEOUS (PLEASE EXPLAIN)		

SUBTOTAL \$ -

Note: Mileage reimbursement for personal car = \$0.56/mile
 RECEIPTS REQUIRED FOR ALL REQUESTS

TOTAL REIMBURSEMENT \$ -

Don't forget to attach receipts!

 Employee/Member Signature Date

 Approval Signature Date