

EXPENSE REIMBURSEMENT FORM
Please complete and turn in to Accounting for reimbursement

Name: _____

Phone #: _____

Signature: _____

Date: _____

	Expense Date	Vendor	Amount	Detail	Department <i>(please check one per line)</i>														
					OFFICE	BUILDING	TRIGGERS	KITCHEN	HUNT	KENNEL	BANQUET	LODGES	GROUNDS	OTHER					
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

Total Amount of Expenses: _____

Manager Initials: _____

MILEAGE REIMBURSEMENT

Date	Mileage Logged	Trip Purpose

Total of Mileage Logged: _____

Multiplied by \$0.575

Total Amount of Mileage Reimbursement _____

Manager Initials: _____

Don't forget to attach all receipts and/or documentation

OFFICE USE	Date Processed:	Initials:
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