



# Expense Claim Form

Employee \_\_\_\_\_

Position \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

## Expense Claim

Date	Expense	Amount	Account Code
<b>Total Supply</b>			

Attach itemized receipts

## Mileage Expense Claim

Date	Destination	Purpose of Trip	Miles	x's .545	Account Code
<b>Total</b>					

I hereby certify that this is a true and correct claim for approved expense incurred by me and that no payment has been received for them.

**Grand Total**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date