



CITY OF FINLAYSON - EXPENSE REIMBURSEMENT FORM

<u>DATE</u>	<u>AMOUNT \$</u>	<u>Description</u>	<u>DEPT.</u>	<u>ODOMETER START</u>	<u>ODOMETER STOP</u>

Total:	<input type="text"/>	Miles Reimbursed:	<input type="text"/>
		Mileage Rate:	\$ 0.67
Employee Name (PRINT):	_____	Mileage Due:	<input type="text"/>
Employee Signature:	_____	TOTAL REIMBURSEMENT:	\$ -
		<i>(Expense + Mileage)</i>	

NOTE: To receive reimbursement, a receipt showing proof of payment, along with actual mileage recordings (if seeking mileage reimbursement) must be provided. Complete this form return to City Clerk for reimbursement.