

Expense Reimbursement Request



Date Submitted _____
 Submitted by _____
 Purpose of Expense _____

Date of Expense	Item	Cost	Tolls & Parking	Mileage	Total Mileage Expense	Line Total
Total Expenses Submitted						

* Current Mileage Reimbursement Rate (per mile): \$0.20

For Treasurer to Complete	
Date Reimbursed	
Reimbursed by	
Budget Category	

* Subject to change as gas prices fluxuate

Form Revised 1/15/2020