



# TOOELE CITY EXPENSE REIMBURSEMENT REPORT

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

COST CODE: \_\_\_\_\_

TRAVEL OR EXPENDITURE EXPLANATION:

TOTAL COST	
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTH	DATE	DAILY MILEAGE <small>Effective 1/2023 Approved Rate is 0.655</small>		HOTEL	MEALS			MISCELLANEOUS		TOTAL EACH DAY
		MILES	ALLOWANCE		BREAKFAST	LUNCH	DINNER	EXPLANATION	AMOUNT	
TOTALS										
									LESS : TRAVEL ADVANCE	
									NET REIMBURSEMENT	

RECEIPTS ARE REQUIRED AND MUST BE ATTACHED TO EXPENSE REPORT

REQUESTED BY: \_\_\_\_\_  
 EMPLOYEE NAME (PLEASE PRINT)

APPROVED: \_\_\_\_\_  
 DEPARTMENT HEAD

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

\_\_\_\_\_  
 MAYOR