CITY OF AMERICUS - EXPENSE REPORT

Employee Information and Supervisor's Approval

Name		Department	
Travel Location		Employee Signature	
Travel Reason		Manager's Approval	

Reporting Period

From	
To	

Expenditures
ATTACH ORIGINAL RECEIPTS - NO COPIES

NOT TO Exceed $40.25

		Rate	Mileage	Include tips -NO MORE THAN 15%			Total					
Date	Mileage	0.58	Dollars	Breakfast	Lunch	Dinner	Meals	Lodging	Parking	Other	Description	TOTAL
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
			0.00				0.00					0.00
	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00

Advances (enter as negative)

Total due employee

Total Due the City

Account Codes	Amount
Total	
Voucher Number	
Check Date	