

CITY OF DALTON
REQUEST FOR REIMBURSEMENT
OF BUSINESS EXPENSES

EMPLOYEE: _____

DEPARTMENT: _____

DATE(S) OF EXPENDITURE: _____

BUSINESS PURPOSE: _____

REIMBURSABLE EXPENSES INCURRED
RECEIPTS MUST BE ATTACHED TO BE ELIGIBLE FOR REIMBURSEMENT

HOTELS/LODGING:	\$ _____
MEALS:*	\$ _____
TRAVEL (AIR, TRAIN, BUS):	\$ _____
PERSONAL-AUTO _____ MILES X 48.5 ¢:**	\$ _____
PARKING:	\$ _____
OTHER(PLEASE IDENTIFY & ITEMIZE):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

*If meal expense includes expenditures for other persons attach meals and entertainment form.

**If you receive a car allowance you are not eligible to be reimbursed for mileage.

I certify the above is a true statement of incurred expenses in accordance with company policy.

EMPLOYEE

DATE

DEPARTMENT HEAD