

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    ¢:** IRS RATE	\$	_____	
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. Attach mileage sheet.

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

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD



