

2019 EXPENSE REIMBURSEMENT REQUEST

Employee: Please turn-in Expense Reimbursement Request sheet to your supervisor/property manager by the end of each month. The reimbursements are issued with paystubs. Contact your supervisor/property manager if more than two pay periods have passed and you have not received your reimbursement. Keep a copy of the completed and signed form until you receive the reimbursement. Please ensure you sign the form below.

Supervisor: After receiving this form from the employee; follow established procedures to submit the form and please ensure to sign below.

Name: _____

Job Title: _____

Request Date _____

| Date | Description | Odometer | | Total Miles | Parking | Meals | Other Expenses |
|------|-------------|----------|-----|-------------|---------|-------|----------------|
| | | Start | End | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Employee Signature: _____

Supervisor Signature: _____

Total Reimbursement

| | |
|----------------------|------|
| Current Mileage Rate | 0.58 |
| Total Miles | |
| Mileage Cost | |
| Total Parking | |
| Total Meals | |
| Total Others | |

Additional Notes:
