

RETIREES & EMPLOYEE ASSISTANCE PROGRAM DEPARTMENT RETIREE EXPENSE STATEMENT

_____ DATE SUBMITTED

NAME: (please print) _____

SIGNATURE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE: _____

STATE THE PURPOSE FOR WHICH THE FOLLOWING EXPENSES WERE INCURRED

City: _____ Dates Incurred: _____

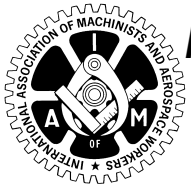
PRE-APPROVAL IS REQUIRED FOR EXPENSES
ATTACH ALL ORIGINAL INVOICES, RECEIPTS OR STATEMENTS

EXPENSE/INVOICE	DESCRIPTION	AMOUNT
FEE FOR -- GOODS and/or SERVICES		
LODGING / HOTEL / MOTEL		
TRANSPORTATION EXPENSES RENTAL CAR/TAXI/LIMO/BUS, ETC. MILEAGE		
	# of Miles: @ .54 per mile	
AIRFARE/ TRAIN	FROM: _____ To: _____ ATTACH ITINERARY, BOARDING PASS & RECEIPT	
AIRFARE/ BAGGAGE CHARGE		
AIRFARE/ FLIGHT CHANGE CHARGE	\$ _____ + \$ _____ = TOTAL AMOUNT DIFFERENCE IN FARE + PLUS CHANGE FEE; ATTACH RECEIPT EXPLAIN REASON FOR FLIGHT CHANGE ON BACK OF THIS FORM	
PER DIEM # OF DAYS _____		
MISC _____		
	SUBTOTAL -PAGE 1	
	SUBTOTAL -PAGE 2	
	TOTAL EXPENSE STATEMENT	

Initial/date
APPROVALS:

Director, Manhart

GVP Wallace



**RETIREES & EMPLOYEE ASSISTANCE PROGRAM DEPARTMENT
RETIREE EXPENSE STATEMENT**

ATTACH ALL ORIGINAL INVOICES, RECEIPTS OR STATEMENTS

<i>EXPENSE/INVOICE</i>	<i>DESCRIPTION</i>	<i>AMOUNT</i>
	SUBTOTAL	

PLEASE ENTER THE PAGE 2 SUBTOTAL ON PAGE 1, WHERE INDICATED.