



VENDOR/CONTRACTOR EXPENSE STATEMENT

RETIREES & EMPLOYEE ASSISTANCE PROGRAM DEPARTMENT

_____ DATE SUBMITTED

NAME: (please print) _____

SIGNATURE: _____

ADDRESS: _____

STATE THE PURPOSE FOR WHICH THE FOLLOWING EXPENSES WERE INCURRED

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

EXPENSE/INVOICE	DESCRIPTION	AMOUNT
FEE FOR -- GOODS and/or SERVICES		
LODGING / HOTEL / MOTEL		
TRANSPORTATION EXPENSES RENTAL CAR/TAXI/LIMO/BUS, ETC.		
PERSONAL CAR MILEAGE	# of miles @ .54 per mile:	
AIRFARE/ TRAIN	FROM: _____ To: _____ <i>ATTACH ITINERARY, BOARDING PASS & RECEIPT</i>	
AIRFARE/ BAGGAGE CHARGE		
AIRFARE/ FLIGHT CHANGE CHARGE	\$_____ + \$_____ = <i>TOTAL AMOUNT</i> <i>DIFFERENCE IN FARE + PLUS CHANGE FEE; ATTACH RECEIPT</i>	
REASON FOR FLIGHT CHANGE (IF NECESSARY, USE REVERSE SIDE)		
MISC _____		
	SUBTOTAL -PAGE 1	
	SUBTOTAL -PAGE 2	
	TOTAL EXPENSE STATEMENT	

Initial/date
APPROVALS:

DIR, Manhart

GVP Wallace

