



# 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

| <b>EXPENSE/INVOICE</b>  | <b>DESCRIPTION</b>   | <b>AMOUNT</b> |
|---|--|---------------|
| <b>FEE FOR --<br/>GOODS and/or SERVICES</b>                       |  |               |
| <b>LODGING / HOTEL / MOTEL</b>                                    |  |               |
| <b>TRANSPORTATION EXPENSES<br/>RENTAL CAR/TAXI/LIMO/BUS, ETC.</b> |  |               |
| <b>PERSONAL CAR MILEAGE</b>                                       | # of miles<br>@53.5 per mile:  |               |
| <b>AIRFARE/ TRAIN</b>   | FROM: _____ To: _____<br>ATTACH ITINERARY, BOARDING PASS & RECEIPT                         |               |
| <b>AIRFARE/ BAGGAGE CHARGE</b>                                    |  |               |
| <b>AIRFARE/ FLIGHT CHANGE CHARGE</b>                              | \$ _____ + \$ _____ = TOTAL AMOUNT<br>DIFFERENCE IN FARE + PLUS CHANGE FEE; ATTACH RECEIPT |               |
| <b>REASON FOR FLIGHT CHANGE (IF NECESSARY, USE REVERSE SIDE)</b>  |  |               |
| <b>MISC _____</b>   |  |               |
|   | <b>SUBTOTAL -PAGE 1</b>  |               |
|   | <b>SUBTOTAL -PAGE 2</b>  |               |
|   | <b>TOTAL EXPENSE STATEMENT</b>   |               |

**Initial/date**  
APPROVALS:

\_\_\_\_\_  
DIR, Manhart

\_\_\_\_\_  
GVP Wallace

