



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 _____ at _____ cents per mile equals:	
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	
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

[illegible]

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