



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 @54.5 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 | |
| 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

