

2024 Business Expense Reimbursements

Date of Request _____ Business Check Number: _____

Recipient _____

AUTOMOBILE*: Parking & tolls _____

Operating and maintenance expenses _____

Miles (if reimbursed by standard mileage) _____ miles X _____ \$0.670 per mile = _____

BUSINESS GIFTS** _____

BUSINESS MEALS _____

Person Entertained: _____

Place, date & time: _____

Business Purpose: _____

COMPUTER EXPENSES _____

CONTINUING EDUCATION _____

DUES & LICENSES _____

OFFICES SUPPLIES _____

POSTAGE _____

PROFESSIONAL PUBLICATIONS _____

TELEPHONE _____

TRAVEL _____

OTHER (Specify) _____

OTHER (Specify) _____

OTHER (Specify) _____

OTHER (Specify) _____

TOTAL REIMBURSEMENT: \$ _____

* Auto expenses are reimbursed for operating and maintenance, or standard mileage, but not both. Business parking and tolls reimbursed in addition.

** Business gifts limited to \$25.00 per recipient.

Attach all receipts to this voucher. File in an accessible place in the event of an audit.

I verify that all expenses listed above are eligible, business related expenses reimbursable to me.

(Employee Signature)