

## EXPENSE REPORT



EMPLOYEE NAME: \_\_\_\_\_

CLIENT NAME : \_\_\_\_\_

(one client per expense report)

Project #: \_\_\_\_\_

(Accounting Dept Use)

Description of Activity				Automobile (5150)		Activities & Meals (5400)		Other	
Date	From	To	Purpose	Miles	Tolls/ Parking (\$)**	Location	\$\$**	Description	\$\$**
1									
2									
3									
4									
5									
6									
7									
8									
9									
TOTAL MILES									
eff 7/1/12 reimbursement rate				x	0.45				
Subtotal Costs									
TOTALS AUTO									

### INSTRUCTIONS

**\*\* STAPLE** itemized receipts in support of listed expenses to the report. Failure to provide receipts may result in the denial of payment.

\* The maximum tip reimbursement is 18%.

\* Mileage to/from your home to your usual place of work (examples--Arc, Arc home, clients' homes) is NOT reimbursable.

\* Submit Expense Report at the end of each pay period. Expenses not submitted within 30 days may be denied.

Signed: \_\_\_\_\_  
Staff Signature Date

Approved: \_\_\_\_\_  
Department Director Date

Approved: \_\_\_\_\_  
Executive Director Date