



2018 MHD EXPENSE AND MILEAGE REIMBURSEMENT FORM

SECURED

EFFECTIVE: January 1, 2018

revised: 12/28/17

EMPLOYEE NAME		EMPLOYEE NUMBER	DATE OF REQUEST
ADDRESS	DEPARTMENT ACCOUNTING UNIT <p style="text-align: center;">8610</p>	CONTACT PERSON	TELEPHONE

EXPENSE SECTION - LIST ALL BUSINESS EXPENSES EXCEPT MILEAGE. BUSINESS MILEAGE ON PAGE 2										REPORT		
DATE										ATTACH ALL RECEIPTS AMOUNT SUMMARY		
CITY												
MEALS Detail below if others included	Brkfst									\$0.00	69010	
	Lunch											
	Dinner											
LODGING										\$0.00	68800	
TAXI-TOLLS-PARKING										\$0.00	68800	
CAR RENTAL										\$0.00	68800	
CELLULAR PHONE FEES										\$0.00	68500	
DUES AND SUBSCRIPTIONS										\$0.00	68600	
OFFICE SUPPLIES										\$0.00	64600	
SEMINAR AND CONF. FEES <small>DETAIL BELOW</small>										\$0.00	68710	
EMPLOYEE GIFTS <small>DETAIL BELOW</small>										\$0.00	69025	
MISCELLANEOUS <small>DETAIL BELOW</small>										\$0.00	69000	

ADDITIONAL INFORMATION SECTION						This
section is used to itemize Seminars, Gifts, Miscellaneous, and Group Meal items listed above						
DATE	DESCRIPTION	PEOPLE	BUSINESS PURPOSE	AMOUNT	GIFT	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
\$0.00						TOTAL

CERTIFICATION: I certify that statements made are true and correct. Required statements and receipts are attached.

Staff or Director Signature _____ Title _____ Date _____

APPROVAL: I certify that I have reviewed the summary and receipts. I concur that the expenses are valid business expenses.

Approver Print Name _____ Title _____

Approver Signature _____ Date _____

Please keep a copy of all documentation for your records