

Expense Reimbursement Form

Name:	Date:
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Misc Expenses: (tolls, parking, supplies, etc.)

Date:	Description:	Cost:

Mileage

Date:	Purpose:	To	From	Mileage

2023 Federal Reimbursement Rate
\$0.655 / mile

Total Mileage Driven	
Total Mileage Expense	

Total Combined Exp	
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Employee Signature:	Date:

Supervisor Signature:	Date: