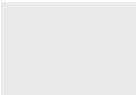


Expense Report

Please include Mileage Reimbursement Form and original plus 1 copy of receipts with your report. Employees encouraged to maintain a copy for their records.

Month Date: 00/00/2018 to 00/00/2018



EMPLOYEE INFORMATION:

Name: Name: Position:

Date Receipt Date or MMDDYY	Description Mileage per attached form OR Description of expense per receipt - Please use separate line per item(s)	office supplies		misc		mileage		Travel Lodging		meals while traveling	Total
											\$ -
31-Jan-18											\$ -
											\$ -
11-Jan-18											\$ -
											\$ -
											\$ -
											\$ -
											\$ -
											\$ -
											\$ -
											\$ -
											\$ -
TOTALS:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal											\$ -
See Director for % and Total Amount CVC:			\$	-							
% and Total Amount VOCA:			\$	-							
TOTAL DUE:											\$ -

SUBMITTED: _____

APPROVED: _____
Greg Thompson, Executive Director

APPROVED: _____
Mark Herndon, Treasurer

DATE: _____

DATE: _____

DATE: _____