CDMMEA Expense-Reimbursement Form

Name:

Position

Expense Period

From:

To:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL	$ -
Less Cash Advance	
TOTAL REIMBURSEMENT	$ -

Note: Milage Rates fluxuate - Check Mileage reimbursement rate with Treasurer (ie. 0.55/mile)

Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date