

CITY OF FROSTBURG EXPENSE REPORT

NAME _____ MONTH: _____ YEAR: _____

DEPT: _____

TRAVEL EXPENSE

DATE	PURPOSE OF TRIP	FROM	TO	MILEAGE

TOTAL MILEAGE: _____

DATE	DESCRIPTION (ATTACH BILLS)	AMOUNT

TOTAL OF OTHER EXPENSES: \$ _____

_____ TOTAL MILEAGE X \$0.70 PER MILE = \$ _____

OTHER EXPENSES = \$ _____

TOTAL EXPENSES = \$ _____

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED BY: _____