Greene County
Expense Report

Name: _____

Date: From: _____ To: _____

	TOTALS
Breakfast….....	0
Lunch….....	0
Dinner….....	0
Hotel / Motel….....	0
Phone….....	0

Transportation

Cab Fare….....	0
Air Fare….....	0
Parking….....	0
Gas….....	0
Mileage.....Total Miles_____ x .575 ….....	0

TOTAL REIMBURSEMENT *(attach receipts for ALL expenses listed.)* 0

_____ _____
Signature Date

_____ _____
Approval Signature Date

NOTE: See ***Expense Reimbursement*** section in the Employee Handbook for details on reimbursable expenses.