

# City of Evansville Expense Report

Name:
Address:

Department:
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Date	Event and Location	Miles	Cost: \$0.67 mile	Fund Line
			\$ -	
			\$ -	
			\$ -	
			\$ -	

**Expenses:** *Itemized receipts or lost receipt section on back shall be attached/completed*

Date	Description	Personal Costs	City Costs	Fund Line

*Any above costs charged to new vendor accounts? Please list vendors on page 2*

Total Reimbursement to the Employee:	Total City Charge:
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<b><i>I hereby agree that my submission of this expense report is accurate and in accordance with City policy:</i></b>	
Employee Signature:	Date:
Approval Signature:	Date:

### New Vendor

<b>Date</b>	<b>Vendor Name</b>	<b>Vendor Address</b>		
<b>Purchase Description</b>		<b>Vendor Ph #</b>	<b>Credit Account #</b>	<b>Fund Line</b>

<b>Date</b>	<b>Vendor Name</b>	<b>Vendor Address</b>		
<b>Purchase Description</b>		<b>Vendor Ph #</b>	<b>Credit Account #</b>	<b>Fund Line</b>

### Lost Receipt

<b>Date</b>	<b>Description</b>	<b>Personal Cost</b>	<b>City Cost</b>	<b>Fund Line</b>
<b>Reason for lost receipt:</b>				
<b>Were any alcoholic drinks purchased: ___ Yes ___ No</b>		<b>Amount paid</b>		
<b>Did you pay for any other person's expense: ___ Yes ___ No</b>		<b>Amount paid</b>		
<b>If yes who:</b>				
<b>If yes why:</b>				

<b>Date</b>	<b>Description</b>	<b>Personal Cost</b>	<b>City Cost</b>	<b>Fund Line</b>
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<b>If yes why:</b>				