



# VENDOR/CONTRACTOR EXPENSE STATEMENT RETIREES & EMPLOYEE ASSISTANCE PROGRAM DEPARTMENT

\_\_\_\_\_ DATE SUBMITTED

NAME: (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE THE PURPOSE FOR WHICH THE FOLLOWING EXPENSES WERE INCURRED

\_\_\_\_\_

\_\_\_\_\_

**ATTACH ALL ORIGINAL INVOICES, RECEIPTS OR STATEMENTS  
PRE-APPROVAL IS REQUIRED FOR SOME EXPENSES**

<b>EXPENSE/INVOICE</b>	<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>FEE FOR -- GOODS and/or SERVICES</b>		
<b>LODGING / HOTEL / MOTEL</b>		
<b>TRANSPORTATION EXPENSES RENTAL CAR/TAXI/LIMO/BUS, ETC.</b>		
<b>PERSONAL CAR MILEAGE</b> (use IRS Standard Mileage Rate for use of a car for business)	# of miles _____ at _____ per mile:	
<b>AIRFARE/ TRAIN</b>	FROM: _____ TO: _____ ATTACH ITINERARY, BOARDING PASS & RECEIPT	
<b>AIRFARE/ BAGGAGE CHARGE</b>		
<b>AIRFARE/ FLIGHT CHANGE CHARGE</b>	\$ _____ + \$ _____ = TOTAL AMOUNT DIFFERENCE IN FARE + PLUS CHANGE FEE; ATTACH RECEIPT	
<b>REASON FOR FLIGHT CHANGE (IF NECESSARY, USE REVERSE SIDE)</b>		
<b>MISC</b> _____		
	<b>SUBTOTAL -PAGE 1</b>	
	<b>SUBTOTAL -PAGE 2</b>	
	<b>TOTAL EXPENSE STATEMENT</b>	

Initial/date  
APPROVALS:

\_\_\_\_\_ **DIR, Manhart**

\_\_\_\_\_ **GVP Wallace**

