PART 3: CLAIM FOR REIMBURSEMENT

Complete this portion for reimbursement of personal expenditures not advanced or to replenish the funds advanced.

Name(s): _____ Dept.: _____

Departure Date & Time: _____ Return Date & Time: _____

Purpose of Trip: _____

Location: **Month/Yr**

Date	Breakfast	Lunch	Dinner	Lodging	Mileage	Location	Purpose
Totals	-	-	-	-	-	**Total of Expense**	-
				Per Mile	**0.625**	**Total of Expense & Total to BARS or Total to Job Cost MUST Match**	
				Total Mileage	-		

BARS Number	
$0.00	***Sub-Total***
-	Less Advance
All Meals Lodging & Mileage	
Amount	Fund/BARS #
or, Misc. Expense #1	
Amount	Fund/BARS #
-	
or, Misc. Expense #2	
Amount	Fund/BARS #
-	
or, Misc. Expense #2	
Amount	Fund/BARS #
-	
or, Misc. Expense #2	
Amount	Fund/BARS #
-	
or, Misc. Expense #2	
Amount	Fund/BARS #
-	
-	*Sub-Total*
-	*Less Advance*
-	**Total to BARS**
Or Job Cost Expense Info	
Amount	Job Cost #
-	*Sub-Total*
-	
-	**Total to Job Cost**

Employee Signature	**Date**	**Elected Official or Supervisor**	**Date**

We hereby certify that under penalty of perjury this is a true & correct claim & in compliance with policy.