

North Baltimore Expense Report

Employee:
 Title:
 Date Submitted:

Purpose of expense:

Date	Description	Transportation/Mileage	Lodging	Meals	Other	Total

Receipts and a requisition form must be attached to expense form in order to be reimbursed.

Total	
Minus Sales Taxes	
Total Owed To You:	

Employee signature: _____

Date:

Approved by: _____

Date: