

MLEDP EXPENSE REPORT

NAME:					
MONTH OF:			OTHER EXPENSES		
MILEAGE EXPENSES			LIST USE (i.e.): SNACKS, PROGRAM, CLEARANCES, TRAINING, ETC.		
DATE	PURPOSE OF TRIP	MILES	DATE	LIST USE AND ITEM: WHAT DID YOU BUY?	AMOUNT

TOTAL MILES:		TOTAL OTHER EXPENSE:	
MULTIPLY .545 PER MILE:		TOTAL MILEAGE EXPENSE:	
TOTAL MILEAGE EXPENSE:		GRAND TOTAL EXPENSE:	

ACCOUNTING CODE:	
EMPLOYEE SIGNATURE:	DATE:
EX. DIR. SIGNATURE:	DATE:

ATTACH RECEIPTS TO FORM