

Youth Dynamics Expense Reimbursement Form

Employee name: _____

Date submitted: _____

Funds to be taken from: _____

Direct Deposit (account of file)

Mail check (address on file)

Supervisor Approval _____

Finance Approval _____

Transportation

Date	Destination	Purpose	Miles

Total Miles _____
 Per mile charge \$ _____
 Total transportation \$ _____

Other Expenses

Date	Store/Venue	Purpose	Amount

Total Other Expenses \$ _____

Total Reimbursement \$ _____

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