Life By Design, Inc.

EXPENSE SHEET

Employee Name _____ Pay Period: From: _____ To: _____

Employee Signature _____ Page _____ of _____

Date	Receipt #	Description/Destination	Odometer Readings Start	Odometer Readings Stop	Department # Mileage	Department # Expense	Department # Mileage	Department # Expense	Department # Mileage	Department # Expense	Department # Mileage	Department # Expense	Department # Mileage	Department # Expense
				Total Mileage										

	Total Mileage Reimbursement
	Total Other Reimbursement
	Total Amount to be Reimbursed

Multiple Supervisor's Approval: _____ _____ _____ _____ _____

Approval:_____ Date: _____

All expense sheets **must** have corresponding receipt and/or mileage attached for reimbursement.

Reimbursement may be delayed or denied for expenses over thirty days old (Rev. 11/09/08)