



Employee Expense Report

Name: _____ Beginning Date: _____ Ending Date: _____

HOME	Street: _____	Base Location: _____	Position: _____
	City: _____ State: _____ Zip: _____	Employee ID#: _____	MUNIS Account #: _____

Purpose of trip: _____

Lodging & Meals									
Date Mo/Day	Time		Location	Lodging Amount	PER DIEM	Overnight First/Last day Per Diem @ 75%	Provided Meals Breakfast \$13 Lunch \$14 Dinner \$23	Provided Total minus Provided Meals	Total
	Depart	Arrive			In State \$50/Day				

Miscellaneous		
Date Mo/Day	Description	Total

Driving					
Date Mo/Day	Origin - Points Visited (Destination)	Purpose of Trip	Total Mileage	Personal Mileage	State Used Mileage

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state mileage in the discharge of my official duties for the state.

1 TOTAL: (lodging & meals / misc. receipts attached): _____

2 Total STATE MILEAGE used: _____ miles at **\$0.70** per miles: _____

TOTAL EXPENSES: Sum of 1 & 2 listed above: _____

LESS ANY advances or airline tickets: _____

NET Reimbursements: _____

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____