

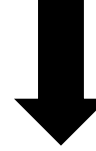
TRAVEL EXPENSE RECEIPT - EMPLOYEE PORTION ONLY

Use this form when the original receipt lists non-reimbursable items (Complete all editable fields.)

DATE OF PURCHASE	_____	
VENDOR NAME	_____	
\$ _____ -	EMPLOYEE AMOUNT	
\$ _____ -	TAX ON EMPLOYEE AMOUNT	(% Tax Rate = _____)
\$ _____ -	SUB-TOTAL	(Enter tax rate 8.517% as .08517)
\$ _____ -	TIP ON EMPLOYEE AMOUNT	(20% max)
\$ <input type="text"/> -	AMOUNT DUE EMPLOYEE	

ATTACH RECEIPT HERE

(Do not tape over, highlight, or otherwise mar the **text** of a receipt)



EMPLOYEE NAME _____