

EMPLOYEE REIMBURSEMENT FORM

Employee:

Thomas M. Hodgson

Employee Number:

358619

MILEAGE

Date	To	From	Miles	Amount	Total

OTHER EXPENSES

Date	Reason	Amount	
4/15/18	Reimburse Breakfast meeting	57.40	
	TOTAL	\$57.40	

I certify that the foregoing is a true statement of the actual and proper cost of transportation and other necessary expenses incurred in the performance of official duties and that I have paid the same.

Employee Signature

Date

FINANCE DEPARTMENT USE ONLY

940-9000-830

Transfer from

940-9000-83

Transfer to

SL 4/20/18

Finance Department Initials/
Given to HR

SUPERVISORS APPROVAL

Chief of Operations/Chief of Staff/Superintendent

Date

Approved

Denied

Lawrence Oliveira, Chief Financial Officer

Date

Approved

Denied

Reimbursement shall be processed for payment through Payroll by the Finance Department

Customer Copy

Table # : 34/1
Server : 135SYED
Merchant ID : 001060000803072768
Terminal ID : 402
Card No. : XXXXXXXXXXXX8030
Check No. : 113
EntryMode : ICC
Card Type : MASTERCARD
Trans Type : SALE
Trans Time : 04/15/2018 09:45
Trace No. : 000015
Reference # : 408105054668
Auth Code : 123456

Application : MasterCard
IC: 292A8.
TVR: 0000008000
AID: A0000000041010

Subtotal 05.48.40

Tip 030 9.00

Total 030 14.48.40

SIGNATURE REQUIRED

I agree to the terms of my
credit agreement.

*** CUSTOMER COPY ***