

EMPLOYEE REIMBURSEMENT FORM

Employee:

Thomas M. Hodges

Employee Number:

358619**MILEAGE**

Date	To	From	Miles	Amount	Total

OTHER EXPENSES

Date	Reason	Amount	
2/12/19	CAB RIDE	10 -	
		810 -	

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

Transfer from

Transfer to

Finance Department Initials/
Given to HR**SUPERVISORS APPROVAL**

Chief of Operations/Chief of Staff/Superintendent

Date

Approved

Denied

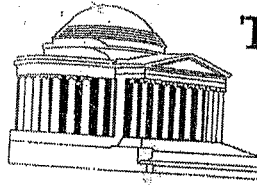
Lawrence Oliveira, Chief Financial Officer

Date

Approved

Denied

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



TAXICAB RECEIPT

Time: 2:15 p.m.

Date: 02/12/19

Origin of trip: MARLOTT Hotel 14th ST.

Destination: WHITE House 17th ST

Fare: \$20.00

Sign: [Signature]