

EMPLOYEE REIMBURSEMENT FORM

Employee: Thomas M. Hodson

Employee Number: 358619

MILEAGE

Date	To	From	Miles	Amount	Total

OTHER EXPENSES

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

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

Thomas M. Hodson
Transfer from

B10
Transfer to

JLH 3/8/19
Finance Department Initials/
Given to HR

SUPERVISORS APPROVAL

Ma
Chief of Operations/Chief of Staff/Superintendent

Date

Approved

Denied

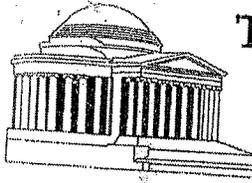
Lawrence Oliveira
Lawrence Oliveira, Chief Financial Officer

3/7/19
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: MARriott Hotel 14th ST.

Destination: White House 17th ST

Fare: \$10.00

Sign: [Signature]