

**Expense Reimbursement Form**

Name \_\_\_\_\_ Position \_\_\_\_\_

Time Period Covered \_\_\_\_\_ Date of Report \_\_\_\_\_

Signature \_\_\_\_\_

Date	Purpose	Amount

Effective 1-1-06, mileage is reimbursed at \$0.445 per mile for distances driven outside of York city limits. Please attach receipts or other supporting documents to this form.

**Office Use Only (revised 1-1-06)**

Date Received \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_