THE FRANCIS FOUNDATION, INC.

EXPENSE REIMBURSEMENT

NAME (Print)**:** **PAY PERIOD – From: __/__/_____ - To: __/__/_____**

DATE	DESTINATION	REASON	MILES	CONSUMER
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TOTAL MILES :	
X $0.46	
MILEAGE AMOUNT:	

OUT-OF-POCKET EXPENSES:

DATE	DESCRIPTION (ATTACH RECEIPTS WITH NOTATION)	AMOUNT
/		
/		
/		
/		

TOTAL "OUT-OF-POCKET" EXPENSE:	
TOTAL AMOUNT DUE:	

_____ ___/___/_____ _____ ___/___/_____

STAFF SIGNATURE DATE SUPERVISOR'S INITIALS DATE