

PENNSYLVANIA STATE ANIMAL RESPONSE TEAM
2605 Interstate Drive, Harrisburg, PA 17110
1-717-651-2736; FAX 717-651-2125

Expense Reimbursement Report

Name _____ Date(s) Incurred _____

Address _____

Occasion/Purpose: _____

Place: _____

Account No. _____ \$ _____

Account No. _____ \$ _____

Account No. _____ \$ _____

Account No. _____ \$ _____

Account No. _____ \$ _____

Account No. _____ \$ _____

**IRS REGULATIONS REQUIRE THAT ORIGINAL RECEIPTS
BE ATTACHED FOR ANY EXPENSE ITEMS OF \$25.00 OR MORE**

TRANSPORTATION

Reimbursable
Expenses

Plane, Train, or Bus \$ _____

Taxi _____

Car Rental _____

Car Mileage _____ @ \$0.55 (Effective January 1, 2009)

Tolls _____

Parking _____

HOTEL/MOTEL _____

MEALS (provide detail on reverse) _____

Honorarium _____

OTHER EXPENSES (provide detail on reverse) _____

Total \$ _____

These expenses were incurred by me in the fulfillment of my official duties.
Personal expenses have been excluded.

Signed _____

Date _____

Approved by _____

Date Approved _____

Vendor No. _____

Voucher No. _____

See Reverse For Expense Detailed Explanation Policy

Detailed Explanation

Meals: (itemize costs by meal by day, list names and affiliation of all individuals included in meal charges, explain any unusual charges, include meal gratuities)

Date	Breakfast	Lunch	Dinner

Other Expenses: (itemize miscellaneous or incidental expenses)