

COUNTY OF GREENE EXPENSE REPORT

EMPLOYEE NAME: _____ JOB TITLE _____

DATE SUBMITTED _____ PAGE _____ OF _____

FROM _____ TO _____

| DATE | DESTINATION | Time in/out | Odometer | | PURPOSE | MILES | OTHER EXP. |
|------|-------------|-------------|----------|-----|---------|-------|------------|
| | | | start | end | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|-------------------------------------|------------------|------|---------------|
| mileage rate is .535 cents per mile | TOTAL MILES | 0.00 | \$0.00 |
| | OTHER EXPENSES | | \$0.00 |
| | TOTAL DUE | | \$0.00 |

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Administrator's Signature _____ Date _____

mileage rate effective January 1, 2017