



- Attach to printed expense report.

Name _____ Phone Extension

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Department #

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 Expense Report #

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TIME PERIOD THIS SUBMISSION:

Date	Destination	Business Purpose	(A) Total Mileage	(B) Normal Commute Mileage	(A minus B) Allowable Mileage
Total Miles					
X 2009 IRS Rate				\$	0.550
Total Mileage Reimbursement				\$	

My signature below attests that all listed expenses were actually incurred by, and paid for by, me while on official Emory Healthcare business. All expenses are legitimate in accordance with Emory Healthcare policies and the IRS guidelines as stated in the Emory Healthcare Accounts Payable Policy and Procedure Manual for Operating Units.

Accounts Payable Policy and Procedure Manual is located on the web at:
<http://euhnotes.eushc.org/enterprise/ehcpolicies.nsf/TOC1?OpenView&Start=1&Count=30&Expand=2#2>

EMPLOYEE SIGNATURE

DATE SUBMITTED IN PEOPLESOF