

Brown Local School
Expense Report

Please complete and return, with receipts, to the Treasurer's
Office for reimbursement.

NAME _____

DESTINATION _____

PURPOSE _____

MILEAGE _____

PARKING _____

EVENT DATE _____

All expenses (except mileage) must have receipts attached.

Employee's Signature _____

Date Signed _____

Purchase Order Number _____

FOR OFFICE USE:

MILEAGE _____ x _____ = _____

PARKING _____

OTHER _____

TOTAL EXPENSES \$ _____