# YMCA of San Diego County
# EXPENSE REPORT

ATTACH ORIGINAL RECEIPTS

| EMP #: | E | |
|---|---|---|
| NAME: | | |

| DATE: | |
|---|---|
| BRANCH: | |

| DATE | DESCRIPTION<br>Please describe the **Business Purpose** of the expense, where located if out of town, all attendees if a meal, and any other information necessary to substantiate the expense as reimburseable. | MILEAGE ( A ) | | | MEALS ( B ) | OTHER ( C ) |
|---|---|---|---|---|---|---|
| | | RATE | MILES | AMOUNT | AMOUNT | AMOUNT |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| | | 0.485 | | - | | |
| **SUBTOTALS** | | | - | - | - | - |

| ACCOUNT DISTRIBUTION | |
|---|---|
| ACCOUNT - BRANCH - DEPT | DEBIT |
| | - |
| | - |
| | - |
| | - |
| | - |
| **TOTAL DISTRIBUTION** | - |

| **TOTAL EXPENSE (A+B+C)** | - |
|---|---|

EMPLOYEE SIGNATURE

PROGRAM DIRECTOR / SUPERVISOR

EXECUTIVE DIRECTOR

CORPORATE ACCOUNTING

***I affirm that the vehicle used for the mileage noted above is covered by my current and in force personal automobile liability insurance policy, which complies with YMCA of San Diego County requirements. I also affirm that I consistently maintain the vehicle used for the mileage noted above in safe operating condition.***

Staple receipts here, in order, to back

revised 05/06