KINGSBOROUGH COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
PERSONAL EXPENSE REIMBURSEMENT REQUEST

NAME: _____ DEPARTMENT: _____
EMPL ID#: _____ ADDRESS: _____

DATE	PARTICULARS (DESTINATION, PURPOSE, ITEM, ETC.)	ODOMETER		TOTAL MILES (1) - (2)	AUTO EXPENSE	TOLLS/ PARKING	MISC	TOTAL
		END (1)	START (2)					
TOTALS								

*** <u>DOCUMENTATION REQUIRED:</u> ORIGINAL RECEIPTS AND/OR CANCELED CHECKS MUST BE INCLUDED FOR ALL EXPENDITURES.**

I hereby certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the expenditures of the above sums were necessary in the performance of my duties; that no part thereof has been paid except as stated thereon, and that the balance therein stated is actually due and owing. Fraudulent bills or claims are punishable by law.

EMPLOYEE SIGNATURE: _____ TITLE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ FOR: $ _____ DATE: _____