REQUEST FOR REIMBURSEMENT
USE FOR VEHICLE EXPENDITURES

Name: _____
Date of Request: _____
Department: _____

VEHICLE EXPENDITURES:

Date	# Miles	Total @ 0.575/mile	Description	G/L Account No.

TOTAL AMOUNT REQUESTED: $_____

I hereby certify that the amounts listed above were incurred in conformance with City of Eureka polices and that no part claimed for reimbursement is of a personal nature:

Signature:_____Date:_____
Employee

Department Director Signature: _____