CITY COUNCIL EXPENSE REPORT

Vendor #: _____

Invoice #: _____

Invoice Date: _____

Name: _____

EXPENSES							
DATE	DESCRIPTION	FUND	DEPT	OBJECT			AMOUNT
Please attach all supporting documents.				TOTAL			$0.00

MILEAGE							
DATE	DESCRIPTION	FUND	DEPT	OBJECT	1-1-19 rate $0.580	#Miles	Amount
					0.58		0.00
					--		
					--		
					--		
					--		
Please attach all supporting documents.				TOTAL			$0.00
				GRAND TOTAL			$0.00
	DECLARATION						

I declare under the penalties of perjury that this claim is just and correct and no part of it has been paid.

Name _____ _____

Print Signature

Department _____ Date _____

Department Authorization _____