

CITY COUNCIL EXPENSE REPORT

Minnesota				Vendor #: Invoice #: Invoice Date:			
Name:			_				
		EXPENSES					
DATE	DESCRIPTION	FUND	DEPT	OBJECT			AMOUNT
				<u> </u>			
				 			
				<u> </u>			
				+			
Please attach all supporting documents.				TOTAL			\$0.0
		MILEAGE					
					1-1-19 rate		
DATE	DESCRIPTION	FUND	DEPT	OBJECT	\$0.580	#Miles	Amount
					0.58		0.00
				<u> </u>			
Please attach all supporting documents.				TOTAL			\$0.0
					GRAND TOTA	۱L	\$0.0
	DECLARATION es of perjury that this claim is just an	d correct and no p	art of it ha	s been paid.			1
Name <u></u>			Signature				
Departmen <u>t</u>			Date				
Department Authoriza	tion						