

SPARTA FESTIVALS INC. REIMBURSEMENT FORM

Expense Report

Name: _____

MILEAGE:

| Date | Odometer Start | Odometer End | Total Miles | From | To | Committee | Purpose |
|------|----------------|--------------|-------------|------|----|-----------|---------|
| | | | - 0 | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Account #: _____

TOTAL: **- 0** at \$. per mile= **\$0.00**

OTHER EXPENSES:

| Date | Amount | Vendor | Description/Purpose | Committee | |
|------|--------|--------|---------------------|-----------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL: **-**

TOTAL REIMBURSEMENT REQUEST =
(Mileage plus Expense)

Signed: _____

Approval _____

Date: _____

Check# _____

Date Paid: _____