

Self Hired Support Staff Expense Report

For the Month of: _____ Participant's Name: _____

Check Payable To: _____

Address: _____

ONE MONTH PER EXPENSE REPORT

DATE	ACTIVITY	BUDGET CATEGORY	EXPENSE AMOUNT	APPROVED AMOUNT FOR OFFICE USE ONLY
	MILEAGE	IDGS		
	STAFF ACTIVITIES: MEAL	OTPS		
	STAFF ACTIVITIES: TICKETS	OTPS		
	STAFF ACTIVITIES: TRAIN TICKETS	OTPS		
	STAFF ACTIVITIES: PARKING TICKETS	OTPS		
TOTAL				

- EXPENSE REPORT
- RECEIPT
- IDGS MILEAGE

I attest that the documented expenses incurred were provided for the participant noted above

Signature of staff seeking reimbursement

Date

Signature of Participant/ Designee

Date

FOR OFFICE USE ONLY

TOTAL PAID FOR OTPS _____

TOTAL PAID FOR IDGS _____

TOTAL PAID _____

Note: _____

1 NEW YORK

HACK # 105129429
 MET # 2129
 TRIP # 2953
 DATE: 04/28/2009
 START TIME 00:10
 END TIME 20:27
 RATE No. 1
 STATION CITY RATE
 MILES MI 2.49
 FARE \$ 7.09
 SURCHARGE 0.50
 TOTAL \$ 7.59
 Tip/Other 1.90
 GR TOT. 9.49

Contact TLC Dial
 3-1-1

CARD NUMBER: 9187
 AUTHORITY: 810448

REG# 7755
 04/26/09 TR 1045
 START END MILES
 21129 21142 4.5
 Regular Fare
 RATE 118 13.30
 SURCH # 0.50
 TIP 1 \$ 2.76
 TOTAL \$ 16.56

Card Type: VISA
 XXXXXXXXXXXXXXX9187
 AUTH:141878

THANKS
 TO CONTACT TLC
 DIAL 3-1-1

The Panini Experience

Register: 3 8/17/09
 Order # 190 1:43PM
 00834

1 Santa Fe Chix 8.50
 Combo 3.50

SUBTOTAL 12.00
 Tax 1.64

TOTAL 13.64

CUSTOMER COPY

OFFICE SUPPLY HUT

Date/Time: 2009-08-29 10:32 AM
 NYC DCA EL#1371013 EHSD#147238
 Cashier: Dale

QTY ITEM
 1 GLUE STICK CLEARANCE
 0476432068904 1.49

Crabapples
 NEIGHBORHOOD GRILL & BAR

08 / 18 / 09 9:11 PM

