TOWN OF BERLIN
EXPENSE REPORT

Employee Name _____ Dept. _____ Period Ending _____ 19 ____

DATE	DAY	City and State	Registration Fee If not Advanced	Lodging	Transportation *		Automobile Expenses Attach a Mileage Report	Meals — Per Diem Itemize Business Meals Below			Miscellaneous Expenses Itemize Below	$ Daily Total
					Air, Rail, Etc.	Limousine, Car Rental, Etc.		Breakfast	Lunch	Dinner		
	SUN											
	MON											
	TUE											
	WED											
	THU											
	FRI											
	SAT											
		Totals										
											Week's Expenses	

Business Meals

Date	Name of Person(s) Attending Company, Title	Time and Place	Nature and Purpose of Meeting	$ Amount

Subtract Amount Advanced to Employee	—
Amount Advanced Directly to Conference $	
Amount Due Employee $	

Date _____

Employee Signature: _____

Date _____

Supervisor's Signature _____

Acc't. No. _____

☐ Mail to

Approved by: (Finance Dept.) Date

Miscellaneous Expenses

Date	Item	$ Amount

* Itemize total amount, but only claim maximum amount allowed by the Town in Totals.

Number of Days Away From Home _____

Number of Days Away From Home on Personal Affairs (optional) _____

% of Total Days Away From Home Spent on Personal Affairs _____

Name of Seminar or Conference _____

Location _____

Purpose _____

Itemize All Reimbursable Expenses
In Appropriate Boxes*