Auxiliary Services Association Employee Expense Report

Employee Name: _____

Department: _____

Immediate Supervisor: _____

Date Requested: _____

Expense Date	Description	Expense Type (Mileage, certification renewal, etc.)	Miles (If applicable) ($.725/mile)	Amount
Example	SBU WSD to Riverhead (BSK Conference), Riverhead to SBU WSD	Mileage	51	35.70
TOTALS				

Employee Signature: _____

Date: _____

***Original receipts are required for all expenses**
***Mileage backup is required for all mileage reimbursements**
***Ink signatures are required for approval**

Immediate Supervisor Signature: _____

Date: _____