

Life Time
Expense/Mileage Record - Field Staff

Position: _____

Staff #: _____

EXPENSES:			
Date	Amount to be Reimbursed	Items Purchased	Vehicle # If applicable

Attach receipts - not required for car wash or parking meters.

MILEAGE:			
Date	Miles Traveled	Trip Description	Vehicle # If applicable

Signature of Employee

PLEASE NOTE THAT WE WILL NOT REIMBURSE MILEAGE OR EXPENSES THAT ARE OVER 30 DAYS OLD.