NON-TAXABLE EXPENSE CLAIM

Name: _____

Address: _____

_____

ATTACH ORIGINAL RECEIPTS TO CLAIM

NON-TAXABLE MILEAGE Rate: 0.49			NON-TAXABLE MEALS (OVERNIGHT)		OTHER NON-TAXABLE EXPENSE		
DATE	MILES	TOTAL	DATE	AMOUNT	DATE	AMOUNT	PURPOSE
Total		$0.00	Total	$0.00	Total	$0.00	Grand Total: $0.00

This claim will be processed with claims. Please submit accordingly.

_____

Claimant's Signature