



Expense Report

EMPLOYEE INFORMATION:

Name: _____

Address: _____

Department: _____

Date(s)	Description	Private Car Km	Km Amount (\$.50)	Hotel	Meals	Parking	Other	Totals	per diem ammount
Subtotals:									
								Total:	

I hereby certify that these expenditures were incurred in relation to Town of Stettler activities and are true and accurate.

Employee
Signature: _____

Authorization Signature: _____