



TOWN OF NORTH ELBA

Business Expense Summary Form

Name: _____

Department: _____

Employee ID: _____

Manager: _____

MEALS

PURPOSE OF EXPENSE		
Town Reimbursement Policies	Refer to Town of North Elba Personnel Policy and Procedure Manual pages 27 through 29. If you need a copy of this manual you may download it at: http://www.northelba.org/?page=directory/employee-resources	

DATE	DESCRIPTION	AMOUNT

ITEMIZED EXPENSES

DATE	DESCRIPTION	AMOUNT

* REMEMBER TO ATTACH DETAILED RECEIPTS- CREDIT CARD RECEIPTS ARE NOT ACCEPTABLE*

Requester Name: _____
Requester Signature: _____
Date: _____

Authorizer Name: _____
Authorizer Signature: _____
Date: _____