

CLAIM FOR EXPENSES
CITY OF ELECTRIC CITY

NAME: _____

MAILING ADDRESS: _____

For Traveling and incidental expenses incurred during month / year
of _____, as shown in detail on receipts attached.

Meals: _____ \$ _____

Hotel : _____

Mileage: _____ X .535 per mile _____

Other Transportation: _____

Sundry Expenses: _____

CERTIFICATION:

I hereby certify under penalty of perjury that this is a true
and correct claim for necessary expenses incurred by me
and that no payment has been received by me on account
thereof.

Subscribed this _____ day of _____ 2017 at Electric City, Washington.

Signed: _____

Print name: _____

TOTAL: _____

LEAVE THIS SPACE FOR CLERK