SAVE AS A NEW DOCUMENT FIRST BEFORE FILLING OUT THIS FORM

| Expense Reimbursement Request | | | | | |
|---|----------------|--------------------------------------|------------------|--------------------------|----------------|
| KIRBY NAGELHOUT | ×. | FINE HOME BUILDING | Employee Name: | | |
| | [| | Expense Month: | | |
| _ | • | _ | | Expense Year: | |
| | | | | Todays Date: | |
| | | | | roddys Date. | |
| (if you receive an auto allowance Do not enter mileage below) | | | | | |
| DATE | MILES | Job# | - Or - GL# | | DESTINATION |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL MILES: | 0 | 2023 IRS rate = \$0.655 (\$\$ | | (\$\$ equivalent will po | opulate below) |
| SUMMARY (if more than one job) | | | | | |
| Description | Job# - OR- GL# | Cost Code | Category (M or E | :) | Amount |
| Mileage | | | | | \$0.00 |
| Phone | | | | | |
| Auto Allowance Per Diem (meals) | | | | | |
| Per Diem (Ineals) | | | | | |
| . c. 5.c (.6.688) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | 1 | I | |
| | | | TOTAL REIMBURSEM | 1ENT: | \$0.00 |
| | | | | | |
| Employee Signature: Date: | | | | | |