

TOWN OF RIDGEFIELD EXPENSE REPORT**2022** 0.585

Finance Dept Information:

Date _____

Check # _____

Name: _____

Employee A/ P # _____

Dates of travel: _____ Destination: _____

Purpose of travel _____
or program _____

(attach descriptive program material as appropriate)

Expense Summary

Account to be charged (or credited)

Total Expense	_____	
less: Cash Advance	_____	
Total due Employee	_____	- _____
Total due Town	_____	- _____

Expense Elements

(Please attach receipts)

	Sum	Day 1	/	/	Day 2	/	/	Day 3	/	/
Mileage @ \$.585/ mile for use	_____	_____			_____			_____		
number of miles	_____	_____			_____			_____		
Auto rental	_____	_____			_____			_____		
Gasoline	_____	_____			_____			_____		
Parking	_____	_____			_____			_____		
Tolls	_____	_____			_____			_____		
Telephone/Fax	_____	_____			_____			_____		
Public transportation	_____	_____			_____			_____		
Lodging	_____	_____			_____			_____		
Breakfast	_____	_____			_____			_____		
Lunch	_____	_____			_____			_____		
Dinner	_____	_____			_____			_____		
Program fees	_____	_____			_____			_____		
Other items....	_____	_____			_____			_____		
_____	_____	_____			_____			_____		
_____	_____	_____			_____			_____		
_____	_____	_____			_____			_____		
Total Expense	\$ _____									

Employee Signature _____

Date: _____

Manager Approval _____

Date: _____

First Selectman Aprvl _____

Date: _____

Finance Dept Review _____

Date: _____