FCIS Insurance

Employee Expense Report for Reimbursement Expenses & Mileage

Name(s): _____.

Date(s): _____

Event: _____

Please put transactions in chronological order

Date	Vendor	Purpose (ex: meal, hotel, supplies, etc)	Amount

Mileage

_____ Miles @ $0.60 = $_____

*you may be asked to provide odometer readings or google map route, if there is a question.

Total Reimbursement Requested: $_____

Once form is completed entirely with all **RECEIPTS SCANNED AND INCLUDED, give to your manager for approval**

Manager Approval: _____ Date: _____

Rev 10.2021