



CITY OF GRASS VALLEY

P.O. Box 191 • Grass Valley, Oregon 97029 • (541) 333-2434

Expense Reimbursement OR Approval Form

Requestor's Name:

Address:

Phone Number:

Purpose for use of City funds:

Itemized Expenses

DATE	DESCRIPTION	COST

SUBTOTAL \$

Less Advance

Note: Mileage reimbursement for personal car = \$0.55/mile

TOTAL REIMBURSEMENT

Don't forget to attach receipts!

Signature of Requesting Party Date

Approval Signature Date