



**CITY OF SOUTH SAN FRANCISCO  
CITY COUNCIL EXPENSE REIMBURSEMENT**

<b>NAME</b>	
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DATE	DESCRIPTION	AMOUNT	PURCHASED ON CITY CARD? (Y/N)

A) TOTAL SPENT: \_\_\_\_\_

**MONTHLY MILEAGE REPORT**

<b>MONTH/YEAR</b>	
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DATE	EVENT DESCRIPTION	MILES

\* REIMBURSEMENT RATE (.725 per mile, eff. 01/26-12/26): B) TOTAL MILES: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

**AMOUNT OF CLAIM (A PLUS B):** \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

City Manager