



CITY OF SOUTH SAN FRANCISCO

CITY COUNCIL EXPENSE REIMBURSEMENT

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

A) TOTAL SPENT: _____

MONTHLY MILEAGE REPORT

MONTH/YEAR	
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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