

# Expenses

Gallatin Department of Electricity  
 P.O. Box 1555  
 Gallatin, TN 37066  
 615-452-5152  
 Fax: 615-452-6060

KIND AND LOCATION OF MEETING \_\_\_\_\_

Employee: \_\_\_\_\_

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

(Please save and attach receipts – meal receipts must have a breakdown of meal purchases in order for reimbursement)

**DAILY EXPENSES FOR WEEK OF:**

ITEM	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Breakfast								
Lunch								
Dinner								
Lodging								
Car rental, taxi, bus								
Parking								
Other Tips (cab, bell boy, etc.)								
Airfare								
Mileage								
Other Expenses								
Daily Total								
<b>TOTAL</b>								

**TOTALS**

Maximum amount paid for meal allowance not including tip:

Breakfast \$20  
 Lunch \$30  
 Dinner \$40

**TOTAL FROM ABOVE**  
**MINUS ADVANCE**  
**MINUS MEAL ALLOWANCE OVERAGE**  
**TOTAL DUE EMPLOYEE**


Employee Signature \_\_\_\_\_

Approved by Supervisor \_\_\_\_\_

Approved by General Manager \_\_\_\_\_