

**Companion Linc
Employee Reimbursement Claim**

Employee Name:	Employee Address:	Pay Period:
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Date	Description	Total Miles	Mileage (\$0.51/mile)	Meals	Parking	Activities	Other Expenses	Total Expenses

TOTAL: \$

Employee Certification: I hereby certify under the penalty of perjury that the amounts itemized about are true and correct, were incurred by me during the performance of my official duties for Companion Linc and conform fully with rules and regulations pertaining to employee reimbursement.

Signature:	Supervisor's Approval:
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Administrative Use Only:

Date Submitted:	Date Paid:	Check #:
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