DEPARTMENT OF REGIONAL PLANNING
Expense Claim

EMPLOYEE NAME		**SECTION**	Zoning Enforcement - [X Area]
EMPLOYEE NUMBER			
HOME ADDRESS		**TODAY'S DATE**	
HEADQUARTER ADDRESS		**TRAVEL DATE(S)**	

INSTRUCTIONS:

- **EXPENSE CLAIMS MUST BE SUBMITTED ASAP, BUT NO LATER THAN TWO WEEKS AFTER COMPLETING TRAINING/TRAVEL**.
- PLEASE ITEMIZE ALL EXPENSES INCURRED IN DETAIL BY DATE, TYPE AND DESCRIPTION.
- ATTACH ORIGINAL RECEIPTS FOR ALL VALID EXPENSES CLAIMED AND PROOF OF ATTENDANCE, IF APPLICABLE (i.e. CERTIFICATE OF COMPLETION, NAME TAG, PROGRAM/AGENDA).
- ALL EXPENSE CLAIMS NEED TO BE REVIEWED AND APPROVED BY YOUR IMMEDIATE SUPERVISOR AND THE DIRECTOR/DESIGNEE BEFORE SUBMITTAL TO BUDGET AND ACCOUNTING.
- ALL MILEAGE REIMBURSEMENT AND PARKING EXPENSES FOR MILEAGE PERMITTEES AND OCCASSIONAL DRIVERS MUST BE SUBMITTED IN **MARS (MILEAGE AUTHORIZATION REIMBURSEMENT SYSTEM).**
- PARKING EXPENSES FOR NON-CERTIFIED MILEAGE PERMITTEES (DRIVERS NOT CERTIFIED TO CLAIM MILEAGE) MUST BE SUBMITTED ON THE EXPENSE CLAIM.
- SEE ATTACHED SAMPLE.

	(BAS USE ONLY)		ITEMIZE IN DETAIL		
DATE	**UNIT**	**OBJECT**	**EXPENSE TYPE** REGISTRATION, LODGING, MEAL, PARKING, ETC.	**SERVICE PROVIDER/LOCATION** REGISTRATION, LODGING, RESTAURANT, PARKING, ETC. NAME AND ADDRESS, ETC.	**AMOUNT**
			Safety	Reimbursement for purchase of Zoning Enforcement Safety Work Boots	
			Equipment	Per MOU Article 15, Section 3 CAPE - Safety Equipment - DRP	
				TOTAL CLAIMED*	**$**

I HEREBY CERTIFY THAT THE ABOVE EXPENSE WAS NECESSARILY INCURRED IN THE PERFORMANCE OF MY DUTY	**SUPERVISOR'S APPROVAL** X_____
EMPLOYEE SIGNATURE X_____	**DEPARTMENT HEAD'S OR DESIGNEE APPROVAL** X_____

*Attach a copy of your Approved Training/Travel Request and the original itemized receipts
Revised 10/27/14