

Travel and Expense Reimbursement Form

Use this form to document and seek reimbursement for travel and other reimbursable expenses related to work performed on behalf of Zane Networks, LLC and our Prime Contractors. This form must be completed no later than 30 days after the associated expenses were accrued and submitted monthly with your end of the month time sheet.

Mileage will be reimbursed at the rate as per your assigned project. Attach all related receipts and use the lines at the bottom of the page if further justification is required. No reimbursement without receipts. Note, mileage to and from residence should not be included in the mileage calculation.

Example:

Date	Client	Mileage	Expenses	Amount
				Claimed
1/1/2017	Zane Networks, LLC	15 miles		\$6.00
1/1/2017	Zane Networks, LLC		Parking (3 hours)	\$12.00
Total				\$18.00

Date	Client	Mileage	Expenses	Amount Claimed

Additiona	al Notes:				
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Staff Sign	ature:	Da	te:		
Superviso	or Signature:		Date:		