RIESBECK FOOD MARKETS, INC.
48661 National Road, St. Clairsville, OH 43950
EXPENSE REPORT

Name: _____

For the month of: _____

								Other	
Date	**Gas**	**Parking**	**Lodging**	**Meals**	**Telephone**	**Postage**	**Supplies**	**Description**	**AMOUNT**
TOTAL									

Recap:		**Postage**	
Gas		**Supplies**	
Parking		**Other**	
Lodging		**Mileage Reimburse-ment * (from page 2)**	
Meals			
Telephone			

Signature: _____ **Date:** _____

Authorized Approval: _____ **Date:** _____

TOTAL REIMBURSEMENT REQUESTED _____

SP#35

* Checks will be issued on the 15th of the month for approved reports received by Controller by the 10th of the month.
(ie. Expenses for the previous month will be paid on the 15th if they are received by the 10th.)

RIESBECK FOOD MARKETS, INC.
48661 National Road, St. Clairsville, OH 43950
EXPENSE REPORT
MILEAGE REIMBURSEMENT WORKSHEET

DATE	FROM	TO	MILES

TOTAL MILES: _____

TOTAL REIMBURSEMENT RATE: 0.45

*** TOTAL MILEAGE REIMBURSEMENT:** _____

(* Enter this amount on "Mileage Reimbursement" line on page 1)

(TO BE COMPLETED BY FINANCE AND ACCOUNTING)

MILES PREVIOUSLY SUBMITTED IN THE CURRENT YEAR: _____

TOTAL MILES REIMBURSED ABOVE: _____

TOTAL MILES REIMBURSED YEAR TO DATE: _____

SP#35