

City of Rochester Hills

Reimburse / Advance Expense

Recipient's Name: Bryan Barnett Department: Mayor's Office

Today's Date: 6/1-6/30 Mileage Workshop/seminar Title: _____

DATE						TOTAL
Registration fees						\$0.00
Breakfast						\$0.00
Lunch						\$0.00
Dinner						\$0.00
Mileage @ <u>0.445</u> / mile	326.00					\$145.07
	\$145.07	\$0.00	\$0.00	\$0.00	\$0.00	\$145.07
Hotel / motel						\$0.00
Miscellaneous:						\$0.00
TOTALS	\$145.07	\$0.00	\$0.00	\$0.00	\$0.00	\$145.07

Amount of Advance: _____

Total Due: _____

Recipient's Signature: _____

Date: 9/5/06

Department Director's Approval: _____

Date: _____

Clerk's Approval: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

*Attach receipt(s)

*Attach preapproved Travel Request

City of Rochester Hills

Reimburse / Advance Expense

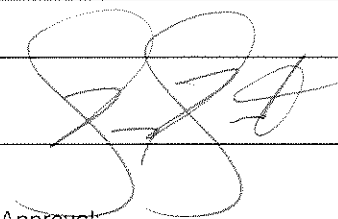
Recipient's Name: Bryan Barnett Department: Mayor's Office

Today's Date: 7/1-7/31 Mileage Workshop/seminar Title: _____

DATE						TOTAL
Registration fees						\$0.00
Breakfast						\$0.00
Lunch						\$0.00
Dinner						\$0.00
Mileage @ <u>0.445</u> / mile	644.00	\$286.58	\$0.00	\$0.00	\$0.00	\$286.58
Hotel / motel						\$0.00
Miscellaneous:						\$0.00
TOTALS	\$286.58	\$0.00	\$0.00	\$0.00	\$0.00	\$286.58

Amount of Advance: _____

Total Due: _____

Recipient's Signature:  _____

Date: 9/5/00

Department Director's Approval: _____

Date: _____

Clerk's Approval: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

*Attach receipt(s)

*Attach preapproved Travel Request

City of Rochester Hills

Reimburse / Advance Expense

Recipient's Name: Bryan Barnett Department: Mayor's Office

Today's Date: 8/1-8/31 Mileage Workshop/seminar Title: _____

DATE						TOTAL
Registration fees						\$0.00
Breakfast						\$0.00
Lunch						\$0.00
Dinner						\$0.00
Mileage @ <u>0.445</u> / mile	834.00 \$371.13	\$0.00	\$0.00	\$0.00	\$0.00	\$371.13
Hotel / motel						\$0.00
Miscellaneous:						\$0.00
TOTALS	\$371.13	\$0.00	\$0.00	\$0.00	\$0.00	\$371.13

Amount of Advance: _____

Total Due: _____

Recipient's Signature: _____

Date: 9/5/06

Department Director's Approval: _____

Date: _____

Clerk's Approval: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

A/C #: _____

Amount: _____

*Attach receipt(s)

*Attach preapproved Travel Request