EXPENSE REIMBURSEMENT REQUEST SUPPLEMENT

Task No._____ Date Incurred: (from**)** _____ (to) _____

PERSONAL/VOLUNTEER/MUNICIPAL/SOCIETY EXPENSES				
To Whom Paid	**Mileage @ km**	**Meals[2]**	**Equipment[2]**	**Total**
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			
	km=			

1. *Calculated to a maximum of four per 24-hour period. See current PEP Reimbursement and Allowance Rate Chart*
2. *Rates as per current PEP Reimbursement and Allowance Rate Chart*

SUBTOTAL (transfer to Page 1) **$**