APPALACHIAN and OHIO RAILROAD, INC.

EXPENSE REQUEST FOR REIMBURSEMENT

Name: _____ **Location:** _____

Title: _____ **Department:** _____

Employee ID: _____ **Manager:** _____

DISBURSEMENT PERIOD	
MONTH	YEAR

DATE	DESCRIPTION	AIR & TRANS.	LODGING	MEALS & TIPS			ENTERTAINMENT	OTHER & MILEAGE	TOTAL REIMBURSEMENTS
				Breakfast	Lunch	Dinner			
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
		$	$	$	$	$	$	$	$

Itemized Expenses or Description of "Mileage"

DATE	DESCRIPTION	PERSONAL AUTO MILEAGE	RATE PER MILE*	TOTAL MILEAGE REIMBURSEMENT

* The current annual standard mileage rate can be found at https://www.irs.gov/tax-professionals/standard-mileage-rates

*** DON'T FORGET TO ATTACH RECEIPTS ***

Signature **Date**

Authorized By **Date**