

EXPENSE REPORT
PAYMENT REQUEST

BRIDGEWATER TOWNSHIP

EMPLOYEE _____ DATE _____

Committee Member or Designated Rep

Date Meeting Title Amount

Meeting Total _____

MILEAGE

DATE NUMBER OF MILES DESTINATION REASON

TOTAL MILES _____ Rate _____ Mileage Total _____

Don't forget there is no reimbursement to/from the Township Hall, it is forbidden by statute

Reimbursements

DATE AMOUNT REASON

Expense Total _____

Report Total _____

ATTACH ALL RECEIPTS