



EXPENSE REPORT

Name: Derek Lassen
 For: Oct to Dec 2022

Date: _____

Date	Explanation	Transportation		Hotel	Meals	Other	Honorarium
		km	Other				
Totals:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*' Show destination to support km claims
 '* Receipted bills must support all claims

I certify that all expenses claimed are directly related to Town of Yarmouth Business

km@	0.49	_____
Other		_____
Hotels		_____
Meals		_____
Entertaining		_____
Sundry		_____
Total		_____
Advanced		_____
Balance Due		_____

Signed: _____

Employee _____ Company _____

Approved: _____

Acct. No: _____