

## REQUEST FOR EXPENSE REIMBURSEMENT FORM FOR CITY-RELATED MISCELLANEOUS BUSINESS EXPENSE INCURRED BY MEMBERS OF CITY COUNCIL

Name of Council Me	ember:	
Date of Expense	Description of City-Related Business Expense	Total Cost
	Total Expense Reimbursement Request:	
***Please ensure	that all receipts for items listed above are attached to the	his form.***
	the expense(s) listed above are accurately recorded ar nade by me for City-related business purposes.	nd represent
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Signature:		
Date:		

Updated: 9/20/2022