

**MARIN VENTURES**  
**Staff Monthly Expense Form**

EMPLOYEE NAME: \_\_\_\_\_

MONTH \_\_\_\_\_

2020

DATE	MV	#	Dest1	#	Dest2	#	Dest3	#	Dest4	Total	RATE	XX	X	X	X
											\$0.575				
											\$0.575				
											\$0.575				
											\$0.575				

<b>Mileage Total 7150</b>														
<b>Bridge Toll &amp; Parking 7150</b>														
<b>Mileage + Bridge Toll &amp; Parking: total 7150</b>														
<b>Other Expenses: 7300 + 7090 (+ other)</b>														
<b>Cell Phone Stipend 6040 total</b>														
<b>Grand Total</b>														

round to \$ xxx.xx

I certify that the above is true and accurate accounting of my expenses.  
 My signature certifies that the legally required amount of vehicle insurance is currently in effect on vehicle used in carrying my job.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

Allocation--Must equal grand total from above			Sign full name for cell phone stipend		
Account	Amount		Account	Month	Signature
Client Travel (7150)			Cell Phone (6040)		
Client Admissions (7300)			Cell Phone (6040)		
Program Supplies (7090)			Cell Phone (6040)		
			<b>Telephone (6040) total</b>		

**Client Travel: Mileage, parking and bridge tolls**

**Client Admissions: Movies, swimming, bowling and other client activities**

**Program Supplies: Food, beverages, cleaning and safety supplies**

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											\$0.575				
											\$0.575				

# Non-mileage Expense Report

EMPLOYEE NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: 2020

DATE	EXPENSE and DESCRIPTION	ACCOUNT NUMBER	TOTAL	

NOTE: Please transfer Account Code Totals to front page.