



Municipality of Monroeville
Monroeville, PA 15146

Expense Form 2025

Submittal Date: _____

Department: _____

Employee Name: _____

Meeting/Trip Date(s): _____

Destination & purpose of meeting/trip/expense: _____

Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sub-total Across
Auto Miles #								
Tolls								
Parking								
Taxi/Bus/Car								
Hotel*								
Breakfast**								
Lunch**								
Dinner**								
Air Fare								
Other***								
Total								
Amount Due From Municipality								

2025 Mileage reimbursement rate per the IRS:

\$0.70

*Hotel expenses do not cover personal phone calls or other items per Municipal Manager's memo 4/2/2025 with revision to employee handbook 5.21.2

Daily rates determined by federal guidelines. Visit: <https://www.gsa.gov/travel/plan-book/per-diem-rates> for the specific travel location per diem rate. No alcohol permitted. **Please print your location's per diem rate and attach to this form.

***Please include a detailed description and receipts for any additional expenses for reimbursement.

I certify that the above expenses were incurred on behalf of the Municipality of Monroeville.

Employee Signature: _____

Date: _____

Dept. Head Signature: _____

Date: _____

Please send check to:

Name _____

Address _____

Attach all receipts for listed expenses above.
Please return this expense form to your
Department Head within 48 hours of your
return.

Thank you!