



Municipality of Monroeville  
 Monroeville, PA 15146

Expense Form 2026

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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Amount Due to Employee</b>								<b>\$ -</b>

2026 Mileage reimbursement rate per the IRS:

**\$0.725**

\*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!