

City of Pflugerville

General Expense Reimbursement Form

| | |
|--|---------------------------------|
| Name: (Print) <i>Wayne Cooper</i> | Department: <i>City Council</i> |
| Date of Request: <i>10/18/2011</i> | Payable To: |
| Total Amount Payable: <i>26⁴⁰</i> | Address: |
| Reason for Request: <i>Meeting w/ Mcswille WSC</i> | |

Below list all expenses requested for reimbursement. List applicable accounting codes beside each item. Use comments section to clarify any request that may not be evident to the processing personnel.

| Expense | Amount | Accounting Code |
|---------------------|------------------------|-----------------|
| <i>Meal expense</i> | <i>26⁴⁰</i> | |
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|-------------------------|
| Comments/Justification: |
| |
| |
| |

Employee Signature

Department Head Signature

0021

Server: RYLEE 224 G (#224) Rec: 15
10/10/11 12:13, Swiped T: 803 Term: 6

BJ'S ARBOR WALK
10515 Mopac Expressway
(512)349-9000
MERCHANT #:

CARD TYPE ACCOUNT NUMBER
VISA XXXXXXXXXXXX8607
Name: HAROLD COOPER
OO TRANSACTION APPROVED
AUTHORIZATION #: 05085C
Reference: 1010010000021
TRANS TYPE: Credit Card SALE

| | |
|---------|--------------|
| CHECK : | 22.40 |
| TIP : | <u>4.00</u> |
| TOTAL : | <u>26.40</u> |

X _____

Duplicate Copy

CARDHOLDER WILL PAY CARD ISSUER ABOVE
AMOUNT PURSUANT TO CARDHOLDER AGREEMENT
PLEASE LEAVE SIGNED COPY FOR SERVER