



TOWN OF KINGSVILLE

~ MEETING EXPENSE ~

Employee Name: _____ **Date:** _____

Meeting Subject: _____

Purpose of Meeting: _____

Names of Attendees (list): _____

Total Meeting Claimed (attach receipts): \$ _____ -

Employee Signature: _____ **Date:** _____

Authorized By: _____ **Date:** _____

**** Please return this sheet to Payroll**