

**City and County of San Francisco
EXPENSE ADVANCE DOCUMENTATION FORM
FOR ATTORNEYS COVERED BY MAA
(Contract Year 2003-2004 Expenses)**

Name: _____
(Please print – last, first)

Employee Number: _____ **Department:** _____

1. **Amount of Expense Advance Received** \$ _____

2. **Expenses Incurred in Course of Employment (a dated receipt or cancelled check for each expense must be attached; attach additional pages if needed):**

	<u>Date</u>	<u>Payee</u>	<u>Nature of Expense**</u>	<u>Amount</u>
a.				
b.				
c.				
d.				
e.				

Subtotal (a-e above, plus attached pages) \$ _____

****Any amounts claimed for meals must include names of those attending, name of establishment where occurred, and statement of business purpose.**

3. **Remaining Advance (line 1 minus line 2 subtotal, but not less than 0)** \$ _____

Date Submitted: _____

Signature: _____