

REIMBURSEMENT REQUEST FORM 2023

Employee Name: _____ Job Title: _____

Destination: _____ Purpose: _____

In order for this claim to be processed for reimbursement, you must:

1. Complete both sides of this form
2. Attach all corresponding receipts (receipts must be itemized)

SUMMARY

For travel and incidental expenses incurred during the month of _____, 20____ as shown in detail on the reverse side of **this** form and on attached receipts.

Summary of Expenses				Amount
Meals				\$
Hotel or Motel Room(s)				\$
Mileage	total miles:	X 0.655 cents per mile	=	\$
Registrations				\$
Other Transportation				\$
Miscellaneous				\$
TOTAL				\$

Travel preapproved by Supervisor/Administrator? ☐ YES ☐ NO DATE PREAPPROVED: _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature _____

Date _____

Supervisor/Administrator Signature _____

Date _____

BUDGET CODE

10						0000	
FUND	PROGRAM	ACTIVITY	OBJECT	LOC	USER 4	USER 5	SUB

Date Received in Business Office: _____

Complete w/ Signatures and itemized receipts? ☐ YES ☐ NO

Date Payment Issued: _____

Day	Meals - per diem reimbursement, not actual expenses (check each box that applies for each day of travel)			Miles (enter # of miles for each day)	Destination/Purpose
	Breakfast	Lunch	Dinner		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals	\$	\$	\$		

Mileage Chart: Outside Stevens County (one way distances)

[illegible]

Other Expenses: (registrations, other transportation, hotel, miscellaneous)

[illegible]

For Business Office Use Only:

C: Business Dinner CDS Only:										
Date:										
Breakfast:										
Lunch:										
Dinner:										
Subtotals:										
									Total	\$