## **COUNTY OF DANE**

## **EMPLOYEE REIMBURSEMENT FORM - 2021**

							this elsion '-		and huma and that we want of it has		
EMPLOYEE NAME		DEPARTMENT							and true and that no part of it has urred in the performance of my du		
									had upon free pass or free transp		
ADDRESS				nature whatsoever and that the mileage by personal automobile of which compensation is claimed was actually							
					traveled in the service of Dane County.						
CITY/STATE/ZIP					Signature of Employee						
Provide the County building that is your centrally located work location if you are working under a telecommuting				Department Head (or Designee) Approv Shaws Tessnan							
agreement or normal work location if you are not. Do not enter "Home". Eligible mileage will be calculated based on the "lessor of" mileage from your normal work location or centrally located work location or actual miles driven from your				Chann Essnan							
home, if you are working/leaving from your home>							(	Dr mur	1010		
	DESTINATION OF TRIP	PURPOSE OF TRIP	TI	ME	MILES TRAVELED		MEALS		***OTHER EXPENSES	5***	
		Include Conference & Training			(ROUND UP TO				Description of Item - Include		
	Include starting and ending address (must include	and Outreach Request Form if	_		NEAREST WHOLE MILE)	Morning	Noon	Evening	original receipts with		
Date	block #, street name and city)	applicable	Left	Return		\$8.00	\$10.00	\$20.00	reimbursement request	Amount	
-			-							1	
										1	
										1	

\*\*\*Items not requiring an original receipt include parking meters, tolls, hotel gratuity (limited to \$2.00 per day). This is not an all inclusive list.

\*\*\*Items requiring an original receipt include hotel, registration fees, taxi fare, bus fare, rental cars, ride share, parking (except for parking at meters that do not provide receipts), airfare and reimbursement for supplies purchased. This is not an all inclusive list.

Mileage at 56.0 cents per mile

Meals Other Expenses\*\*\*

Total \$