EMPLOYEE REIMBURSEMENT FORM COUNTY OF DANE

\$ 0.00		\$ 0.00	\$ 0.00 \$	\$ 0.00 \$	324.00 \$! - -			光光(す) ううしょうし ごぶらう うう うんごうり ほううご チャル・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	***
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								70		
					42			Meeting with Kelly	DCDHS NPO-BPHCC(round trip)	12/20/2019
					12			Q4 Meeting	DCDHS NPO- CCB (round trip)	12/20/2019
					6			Restroom Project meeting	DCDHS NPO- JCO(round trip)	12/19/2019
					12			Meeting	DCDHS NPO-CCB(round trip)	12/19/2019
					42			FM meeting	DCDHS NPO-BPHCC (round trip)	12/18/2019
					12			Pre-D Meeting	DCDHS NPO-CCB (round trip)	12/18/2019
					22			Meeting with New Supervisor	DCDHS NPO-SMO (round trip)	12/17/2019
					6			Meeting with Liza	DCDHS NPO- JCO(round trip)	12/17/2019
					2			Meeting with Jennifer	DCDHS NPO-ADRC (round trip)	12/17/2019
					12			FM Meeting	DCDHS-CCB	12/16/2019
					6			Carpet Inspection	DCDHS NPO-JCO	12/12/2019
					2			Meeting with Jennifer	DCDHS NPO- ADRC	12/11/2019
					12			Lead worker meeting	DCDHS NPO -CCB (round trip)	12/11/2019
					42			Code Compliance Meeting	DCDHS NPO-BPHCC (round trip)	12/10/2019
					12			FM Meeting	DCDHS NPO-CCB (round trip)	12/09/2019
					6			Annex Space Review	DCDHS NPO- NIP(round trip)	12/06/2019
					42			Meeting	DCDHS NPO-BPHCC (round trip)	12/05/2019
					22			Meeting	DCDHS NPO- SMO (Round Trip)	12/04/2019
					12			FM Meeting	DCDHS NPO-CCB (round trip)	12/0/2019
Amount	original receipts with reimbursement request	Evening \$20.00	Noon \$10.00	Morning \$8.00		Return	Left	and Outreach Request Form if applicable	Include starting and ending address	Date
**	***OTHER EXPENSES***		MEALS	1	TRAVELED	TIME	11	PURPOSE OF TRIP	DESTINATION OF TRIP	
3/2/2020				Z/J				December	Facility Management ORG # 1025	Facility
Date			7	oproval /	Department Head Appro-	Departme	RRED	MONTH EXPENSES INCURRED		DEPARTMENT
02/17/2020			M	***************************************				3590	Sun Prairie, WI 53590	
Date				æ- ,	of Employ	Signature of Employee				CITY/STATE/ZIP
	ane County.	traveled in the service of Dane County.	raveled in th	•					343 Scott Tri	
ed was actually	nature whatsoever and that the mileage by personal automobile of which compensation is claimed was actually	nal automobi	age by person	that the miles	tsoever and	nature wha				ADDRESS
ties and paid for	previously, that the expenses were actually and necessarily incurred in the performance of my duties and paid for by me: that no part of the travel herein charped for has been had upon free pass or free transportation of any	cessarily incu for has heen	tually and ne	nses were act the travel her	hat the expe at no part of	previously, t		on	Steve Hutchinson	
been paid to me	CERTIFICATION: I hereby certify that this claim is just, correct and true and that no part of it has been paid to me	ust, correct a	this claim is j	y certify that t	ON: I hereby	CERTIFICATI		· · · · · · · · · · · · · · · · · · ·	AE	EMPLOYEE NAME
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^{***} 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.

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

Mileage at 58.0 cents per mile

187.92 0.00

Meals
Other Expenses*** Total \$ 0.00 187.92