COUNTY OF DANE EMPLOYEE REIMBURSEMENT FORM

					<u>CERTIFICATION:</u> I hereby certify that this claim is just, correct and true and that no part of it has been paid to me 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 charged for has been had upon free pass or free transporation of any nature whatsoever and that the mileage by personal automobile of which compensation is claimed was actually traveled in the service of Dane County.																	
																			travelea iii ti	ic scivice of i	Jane county.	
												CITY/STATE/ZIP					Signature of Employee					
DEPARTMEN		MONTH EXPENSES INCURRED		Department Head Approval						Date												
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	DESTINATION OF TRIP	PURPOSE OF TRIP	TIME		MILES TRAVELED	MEALS			***OTHER EXPENSES***													
		Include Conference & Training			IKAVELED				Description of Item - Include													
		and Outreach Request Form if				Morning	Noon	Evening	original receipts with													
Date	Include starting and ending address	applicable	Left	Return		\$8.00	\$10.00	\$20.00	reimbursement request	Amount												
						\$	\$	\$		\$												
								•	•													

Mileage at 58.0 cents per mile

Meals

Other Expenses***

Total \$

^{***}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.