

WASHINGTON COUNTY
 PO BOX 889
 WASHINGTON IA 52353

INV DATE	INVOICE#	DESCRIPTION	ACCOUNT#	AMOUNT
TOTAL CLAIM			\$	-

VENDOR# _____

VENDOR NAME & ADDRESS

DEPT HEAD APPROVAL

BOARD APPROVAL

**WASHINGTON COUNTY
PERSONAL EXPENSE
REIMBURSEMENT VOUCHER**

File this voucher with your Department Head

VENDOR# _____

DATE _____

CLAIMANT NAME & ADDRESS

PURPOSE OF TRAVEL AND EXPENSE

TRAVEL EXPENSE						
Current Federal mileage reimbursement rate: \$.725/per mile						
Date	From (location)	To (location)	Miles	Charge		
						-
						-
						-
						-
						-
						-
						-
TOTAL						-
MEALS				LODGING		
Current meal reimbursement rates: breakfast \$18, lunch \$20, dinner \$35						
Date	Breakfast	Lunch	Dinner	Total	City	Charge
				-		
				-		
				-		
				-		
				-		
				-		
				-		
TOTAL				-		-
MISCELLANEOUS EXPENSE						
(P - Parking)	(R - Registration)	(T - Telephone)	(O - Other)			
TOTAL						-

ACCOUNT# _____

Total	-
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Signature of employee

Department approval signature