

# Expense Reimbursement

Employee Name:	
Mailing Address:	

Expense Period	
From:	
To:	

Supervisor's Name:	
Department:	

**Business Purpose:**

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST
<b>SUBTOTAL</b>			\$ -
<b>Less Cash Advance</b>			
<b>TOTAL REIMBURSEMENT</b>			\$ -

**Elected Official/Employee Signature**

Date \_\_\_\_\_

**Supervisor's Signature**

Date \_\_\_\_\_

**Note:** Mileage is to be calculated using Google Maps with start and end locations being the Mason County Courthouse. Please attach a copy of Google Maps and all receipts. The current reimbursement rate for mileage is \$.70 per mile. Day trip meals are not reimbursed.