

CASS COUNTY
Declaration of Expenses Paid Form
 Complete form or submit itemized receipt.



Travel Period: _____ through _____

DATE	VENDOR OR NAME OF ESTABLISHMENT	LOCATION	AMOUNT	DESCRIPTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____

I declare under the penalty of perjury that this claim is just and correct and no part of it has been paid.

 Employee Signature Date

Approved based on knowledge of necessity for travel and expense in compliance with all personnel travel regulations.

 Supervisor Signature Date