ITEMIZED RECEIPTS

CASS COUNTY EMPLOYEE EXPENSE REPORT

Travel Period

Last Name	First Name	Address	City	State	Zip Code

	Location							Meals						
Day	From	To	Reason for Travel	Overnight Yes/No	Miles	Rate	Amount	Per Diem	B	L	D	Lodging	Registr.	Other	Totals
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00
						.50	0.00								0.00

"Pursuant to MN law and Cass County Policies, I hereby certify that I have a valid MN drivers license and liability insurance on my personal vehicle, and am eligible for reimbursement of travel expenses as claimed."

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of the department of personnel travel regulations.

Supervisor Signature

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

Employee Signature Date

Social Security # _____

TOTAL	0.00
LESS ADVANCE	
TOTAL DUE	**$0.00**

Fund No.	Dept. No.	Proj. No.	Div. No.	Account No.	ACT	Amount	Invoice Number	Purchase Order No.	Vendor Number	Invoice Date	1099	Accrued Account	Description/Warrant No.