EMPLOYEE EXPENSE REIMBURSEMENT REQUEST

County of King William, Virginia

NAME: _____ **DATE:** _____

DATE	DESCRIPTION OF TRIP OR EXPENDITURE (Trip Origin/Destination, Conference Title, Telephone Numbers Called, Etc.)	MILES TRAVELED	MILEAGE ALLOWANCE	PER DIEM	MEALS	LODGING	CONFERENCE EXPENSES	TELEPHONE	MISC. EXPENSES	TOTAL
										-
	TOTALS									**-**

NOTE: Original *itemized* receipts must be attached for all items except mileage and telephone.

I hereby certify that, to the best of my knowledge, the above is complete and accurate record of expenses incurred by me in the performance of official duties.

Employee _____

Department Head _____ **Director of Finance** _____