

Livingston County BUSINESS EXPENSE REIMBURSEMENT FORM

Date	Name	Vendor #	Department Name	Fund/Dept. No.

#	Event Date	Expense Description / Departure Location (Address)	Destination Location (Address)	Net WHOLE Miles *	Reason / Expense Type	Account #	Amount	Not Approved
								<input type="checkbox"/>
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Approver completes this section. Approved Totals, by Line Item:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

Tape receipts on 8.5 x 11 paper, record your Name at the top of the sheet. Number each receipt to match the line number it's associated with.
 Whether you scan the receipts or not, you MUST send the numbered Receipt Sheet/s to Finance.

***Using an On-line Mapping Tool (ie Mapquest) is encouraged, as it will provide more accurate mileage. Please attach printed pages, with start and end addresses, mileage.**

It is certified that all items of expense included in this statement were incurred in the discharge of Authorized Official County Business, that the amounts are correct, receipts attached; and that they represent proper charges against the County as outlined in the County Business Expense Policy adopted by the Livingston County Board of Commissioners, Resolution 2011-12-344.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Total all Expense columns</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Less Paid on County Credit Card</td> <td></td> <td></td> </tr> <tr> <td>Balance Due Traveler</td> <td></td> <td></td> </tr> </table>	Total all Expense columns			Less Paid on County Credit Card			Balance Due Traveler		
Total all Expense columns										
Less Paid on County Credit Card										
Balance Due Traveler										
_____ Requestor										
_____ Supervisor Approval #	Resolution # (if applicable): _____									

Supervisor Approval indicates departmental budget has been checked and reimbursement funds are available.