Louisa County Taxable Reimbursement Form

Instructions: Fill out one sheet for each day of training and include **ALL** requested information. Attach **ALL** detailed receipts. Make sure to sign the form, have department head sign the form, and return it to the Louisa County Auditor's Office.

Employee Name : _						
	(Print clearly	(Last	Name, Fir	st Name, Middle Initial)		
Street Address		I	Last 4 Digits SSN:			
City		State		_ Zip Code		
Reimbursement Information: Amount of reimbursement:						
Name and Location of Training/Meeting:						
Date Training Held:	;,	Time left home:		Time returned home:		
Account Number :		·	·	School of Instruction		
Requesting reimbursement for: (Check appropriate box)						
Bre	akfast	Lunch	Dinner			

I, the claimant, do certify that the items for which payment is claimed were incurred for county business and that the charges are reasonable, proper, correct and that no part of this claim has been previously paid. If I file the same claim more than once I understand that the county will require the amount to be paid back in full and there may be disciplinary action.

Employee	Signature
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Date

I, the department head, herby certify that the above expenses were incurred while the employee was on county business and the amounts are correct and should be paid from the funds appropriated by the Board of Supervisor's.

Department Head Signature	Date	
AUDITOR'S OFFICE USE ONLY		
Verified by:	Date received:	
Pay date being reimbursed on:	Entered	
Amount being reimbursed:		