



MISSOULA COUNTY EMPLOYEE REIMBURSEMENT REQUEST

Employee Name: _____

Date	Description of Item Purchased	Amount

Date	Depart Time	Return Time	Lodging	Miles Driven	Mileage Allowance	Breakfast (\$)	Lunch (\$)	Dinner (\$)
Total								

Reason for travel:

Other:

Explanation (Required)	Amount

Total expenses for this claim: _____

I certify that this is a valid claim against Missoula County in accordance with all statutes and policy.

Printed Name

Employee Signature

Date: _____

Approval Signature

Coding	Amount