EXPENSE REIMBURSEMENT CLAIM

COUNTY AUDITOR
GRANT COUNTY, WASHINGTON

Claimant: _____ Claimant's Department: _____

Purpose of Claim: _____ Destination: _____

MEALS

DATE	BF	L	D	IE	TOTAL
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				TOTAL	$0.00

MILEAGE

DATE	FROM (CITY, ST)	TO (CITY, ST)	MILES	RATE	TOTAL
				$0.535	$0.00
				$0.535	$0.00
				$0.535	$0.00
				$0.535	$0.00
				$0.535	$0.00
				TOTAL	$0.00

HOTELS (Receipts required)

DATE OF CHECK-IN	DATE OF CHECK-OUT	HOTEL NAME	LOCATION (COUNTY, ST)	TOTAL

OTHER (Receipts required)

DATE	DESCRIPTION	REASON FOR EXPENSE	LOCATION (COUNTY, ST)	TOTAL
			TOTAL	$0.00

TOTAL REIMBURSEMENT CLAIM: $0.00

CERTIFICATION

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the County, and that I am authorized to certify to said claim.

Claimant Signature: _____

Date: _____

Authorization required for Employees:
ELECTED OFFICIAL, DEPARTMENT HEAD, OR DESIGNEE

Name (printed): _____

Signature: _____

Date: _____

Authorization required for County Commissioners or Elected Officials:
COUNTY AUDITOR

Name (printed): _____

Signature: _____

Date: _____

Authorization required for the County Auditor, Department Heads, meal expenses outside of travel status, and out of state travel:
COUNTY COMMISSIONERS

Commissioner: _____

Commissioner: _____

Chairman BOCC: _____

Date: _____