

DECLARATION OF EXPENSES PAID

Original receipts are required for reimbursements to County staff. However, when (1) no receipt is available (i.e. parking meter expense, etc.) or (2) when a receipt is lost, or (3) the receipt information is insufficient because the detail of expense(s) is not available, this form must be used.

Travel Period: _____ through _____

Date	Vendor / Location	Amount	Explanation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:		\$ -	

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid.

Employee's Signature Date

Approve: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Supervisor's Signature Date

County Auditor's Signature