Clinton County Board of

Developmental Disabilities

Expense Reimbursement Request

Employee's Name _____ **Date** _____

Department _____

Date	Description of Reimbursable Expense *Receipts Must Be Attached	Totals
Total		

Meal reimbursement is capped at $7.50 for approved breakfast and $15.00 for approved lunch.
Dinner capped at $20.00 and must be evening outing or overnight stay.
NO reimbursement if meal is included in cost of seminars/conferences.

Employee's Signature _____

Date _____

Approved by Department Head _____

Approved by Superintendent _____

HG 04/15