POLK COUNTY
EXPENSE REIMBURSEMENT 2017

County Board/ Employee Name: **CB/ Employee No**

Attach Agenda or minutes, and Receipts	**Meal Allowance**				
Breakfast - must depart before 6:00 a.m		Breakfast	Lunch	Dinner	Total
Lunch - must depart before 10:30 am and return after 2:30pm	In State	$8.00	$10.00	$20.00	$38.00
Dinner - return after 7:00 pm or depart before 6:00 pm for overnight	Out of State	$10.00	$15.00	$25.00	$50.00

Lodging and Transportation-Refer to Pocket Guide or handbook

DATE	**Destination / Description** **Meal Times** **(for per Diems) Meeting Name/ Location** **List the time of each meal**	**Account to Charge** Fund-Dept-Acct XXX-XX-XXXXX	**Personal Mileage** **.53.5 Cty Car unavailable Slip** **.352 county car available**			**Per Diem**, Misc Expense Lodging	
			Miles	@	Amount	Amount	Overnite
	All Reimbursement Forms are due within 60 days						
	Please use ONE Line for EACH Expense						
		TOTALS:					

Employee Signature _____ Date _____

Authorized by: _____ Date _____

***** OFFICE USE ONLY *****

Code	Account	Amount

When travel is completed, persons must submit completed travel expense reports within 60 days.