Statement of Expenses Incurred for The County of Calumet

Submit to the Finance Department no later than the 6th of the Month following the month expenses were incurred.

(1) Month / Day	(2) Nature of Business / (Identify Columns 8, or 9)	(3) Location From	(4) Location To	(5) Total Miles	(6) Meals	(7) Meals Overnight	(8) Meeting Expense	(9) Miscellaneous Expense

STAPLE ALL RECEIPTS HERE!

I _____, _____ /_____ /_____, certify the above expenses for the month / year of _____ /_____ are true and correct.

Employee Name (please print): _____

Employee Address: _____

_____

Dept. Approval: _____ Date _____ /_____ /_____

CODES	93	91	92	94	95
6 DIGIT ACCOUNT **Use ONLY if expense is to be charged to an account other than your regular wage account.**	MILES 030-0342	MEALS 030-0343	MEALS, OV 030-0343	MTG EXP 030-0341	MISC EXP
	MI	$	$	$	$
	MI				
	MI				
TOTALS	MI			$	$

08FI04 04/22

White Copy - Finance Department

Pink Copy - Employee