



HR 9.10 - Request for Reimbursement Form



Employee Name _____
 Rate Per Mile _____
 For Time Period _____

Date	Starting Location	Destination	Description/Notes	Call-in (Y or N)	Contiguous to Regular Shift? (Y or N)	County Car Available (Y or N)	Mileage	Reimbursement	
Use this section to request mileage reimbursement									
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
Use this section to request reimbursement for other items									
							TOTAL	0	\$0.00

INSTRUCTIONS:

In accordance with HR 9.10, employees who receive **advance** approval from their department head will be reimbursed for legitimate reasonable expenses, including travel expenses associated with the use of a personal vehicle.

MILEAGE REIMBURSEMENT:

1. Mileage reimbursement requests should be based on actual miles traveled and exclusive of travel to and from the employee's work site.
2. Voluntary scheduled comptime/overtime is not eligible for mileage reimbursement.
3. A call-in that is contiguous to regular shift is not eligible for mileage reimbursement.
4. When opting to use personal car rather than county vehicle, employee is not eligible for mileage reimbursement.

ITEMS OTHER THAN MILEAGE (Tolls, Parking, Meals, etc.):

1. Receipts are required.
2. Refer to any applicable collective bargaining agreement to determine reimbursement allowances.

Employee Signature