Louisa County
Taxable Reimbursement Form

Instructions: Fill out one sheet for each day of training and include **ALL** requested information. Attach **ALL** detailed receipts. Make sure to sign the form, have department head sign the form, and return it to the Louisa County Auditor's Office.

Employee Name : _____
(Print clearly) (Last Name, First Name, Middle Initial)

Street Address _____ Last 4 Digits SSN: _____

City _____ State _____ Zip Code _____

Reimbursement Information: ***Amount of reimbursement: _____***

Name and Location of Training/Meeting:_____

Date Training Held: _____ Time left home: _____ Time returned home: _____

Account Number : _ _ _ _ - _ _ - _ _ _ _ - _ _ _ - _ _ _ _ _ School of Instruction

Requesting reimbursement for: (Check appropriate box)

Breakfast Lunch Dinner

I, the claimant, do certify that the items for which payment is claimed were incurred for county business and that the charges are reasonable, proper, correct and that no part of this claim has been previously paid. If I file the same claim more than once I understand that the county will require the amount to be paid back in full and there may be disciplinary action.

_____ _____
Employee Signature Date

I, the department head, herby certify that the above expenses were incurred while the employee was on county business and the amounts are correct and should be paid from the funds appropriated by the Board of Supervisor's.

_____ _____
Department Head Signature Date

AUDITOR'S OFFICE USE ONLY

Verified by: _____ Date received: _____

Pay date being reimbursed on: _____ Entered _____

Amount being reimbursed: _____