EMPLOYEE #: _____ **EMPLOYEE EXPENSE FORM** **Payroll:** _____

EMPLOYEE NAME: _____ **of the Price County** _____ **Department**

***Check Middle box if overnight trip**

Date	From	To	Auto Expenses Mileage	Auto Expenses Amount	Meal Expenses No.	Meal Expenses Amount	Other Expenses For	Other Expenses Amount	Total	Nature of Official Business	**	Charge to Account Number
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
				0.00					0.00			
		Total Mileage	0.00					Total	0.00			

Mileage	Meal Expenses	Other Expenses
2024 Rates: 0.67/mile	Submit Itemized Receipt	Personal Expenses
2025 Rates 0.70/mile	**See Requirements	for Reimbursement
No Rounding	on Page 2	Receipt Required

A signature below verifies that the employee has submitted and the supervisor has reviewed evidence of automobile insurance coverage meeting the limits as determined by County Resolution and/or union contract for the purpose of receiving payment for mileage expenses.

Summary		
Amount		Account No.
0.00		
0.00		Total

Please Note: Both, Employee and Supervisor, are required to sign expense forms prior to submission for reimbursement. If the employee is a Department Head, a signature by the County Administrator is required.

Employee Signature _____ **Supervisor Signature** _____

Meal receipts must contain the following information in order to qualify for reimbursement:

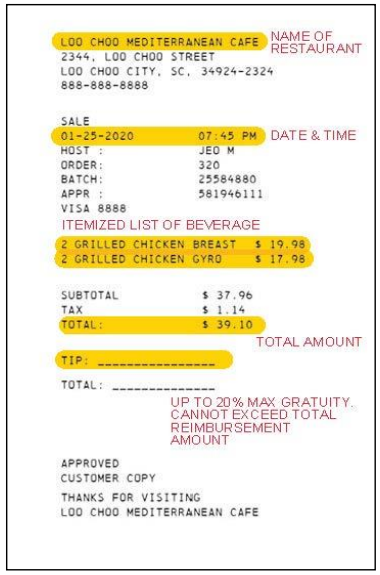
Brief Overview of Meal Policies:

Day/Over Night Trip: If a meal/continental breakfast is provided, you will not be reimbursed a separate meal.

Day Trip: If you leave home after 7am - breakfast in not reimburseable.

Day Trip: If you are able to return home by 7pm - dinner is not reimburseable.

Hand written receipts are accepted as long as they contain all of the above required information.



Meal No.			Max Amt
1	Breakfast:	5am - 11am	$15.00**
2	Lunch:	11am - 4pm	$20.00**
3	Dinner:	4pm - 5am	$35.00**

**** These amounts cannot be combined**

TIP - 20% Max Gratuity cannot exceed total reimbursement amount

For full requirements, please feel free to speak to your Department Heads or stop into the Administrative Office.