



EXPENSE REIMBURSEMENT FORM

EMPLOYEE NAME:

EMPLOYEE NUMBER:

DEPARTMENT:

SUPERVISOR'S NAME:

EXPENSE PERIOD:

BUSINESS PURPOSE:

DATE	DESCRIPTION	MEALS				MILES		TOTAL
		BREAKFAST	LUNCH	DINNER	TOTAL	MILES	TOTAL	

Total Reimbursement: \$ _____
DON'T FORGET TO ATTACH RECEIPTS!

Supervisor's Signature: _____
Please send from Supervisor's email to verify signature

Note:
 Mileage Reimbursement for Personal Car = \$0.655/Mile
 Meal Reimbursement: Breakfast \$8 / Lunch \$12 / Dinner \$18

* MUST MEET REIMBURSEMENT REQUIREMENTS PER THE PERSONNEL POLICY 4.54 (3)
 APPROVED WITH RESOLUTION 09-17-02 EFFECTIVE 01/01/2018
 * SHERIFF UNION CONTRACT: PLEASE REFERENCE CONTRACT EFFECTIVE 01/01/2024

REMIT TO:
 Shayna Arndt at Shayna.Arndt@co.monroe.wi.us &
 Kristin Betts at Kristin.Betts@co.monroe.wi.us