

**CASS COUNTY**  
**Declaration of Expenses Paid Form**  
 Complete form or submit itemized receipt.



Travel Period: \_\_\_\_\_ through \_\_\_\_\_

DATE	VENDOR OR NAME OF ESTABLISHMENT	LOCATION	AMOUNT	DESCRIPTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL** \_\_\_\_\_

I declare under the penalty of perjury that this claim is just and correct and no part of it has been paid.

\_\_\_\_\_  
 Employee Signature Date

Approved based on knowledge of necessity for travel and expense in compliance with all personnel travel regulations.

\_\_\_\_\_  
 Supervisor Signature Date