CASS COUNTY EMPLOYEE EXPENSE REPORT

CASS COUNTY EMPLOYEE EXPENSE REPORT																			
Last Name First Name								A	Address			City				Stat	State		Zip Code
	_		 																
Dov	Loc	ation	Reason for	Troval			Miles 1	Rate	Amount	feals L D Lodging R				Registr. Other			Totals		
Day	From	То	Reason for	Travel		M	Miles	Cate	Amount	Per Diem	В	L	D	Lodgi	ng K	degistr.	Other		Totals
"Pursuant to MN law and Cass County Policies, I hereby certify that I have a valid MN drivers license and liability insurance on my personal vehicle, and am eligible for reimbursement of travel expenses as claimed."																			
Approve	ed: Based o	n knowledge basis of com	of the necess	ity for trave	el and ns of			I declare that no pa	re under the penalties of perjury that this claim is just and correct and part of it has been previously paid.							TOTAL			
the department of personnel travel regulations.															LE	LESS ADVANCE			
Supervisor Signature									Employee Signature				Date				L DUE		
Supervis	sor Signatu	ie						Employe	e Signatui	е			Date						
Fund No.	Dept. No.	Proj. No.	Div. No.	Acco		A C T	Amount	Invoi Numb		Purchase Order No.	Vendor Number		Invoice Date	1099	Accrue Accoun		Description/Warrant No.		t No.
110.	110.			140		1		rumber		Order 110.		1	Dute		7 Account				
	1																		