

STAPLE RECEIPTS HERE FACE UP

EACH DAY'S SERVICE AND MILEAGE SHALL BE SHOWN
SEPARATELY AND THE PURPOSE OF EACH DAY'S SERVICE
TO THE COUNTY ALSO SHOWS UNDER "NATURE OF BUSINESS"

**KENOSHA COUNTY
EXPENSE STATEMENT
And Request For Reimbursement**

NAME ERIN DECKER
DISTRICT 22
VENDOR V0002312
ACCT# 100-075-0750-543340

DATE	NATURE OF BUSINESS (please include city)	ITINERARY		TIME LEFT & RETURN	TRANSPORTATION			MEALS - NON-OVERNIGHT				OTHER EXPENSES			TOTAL FOR DAY		
		FROM	TO		CODE	MILES	AMT	MORN	NOON	EVEN	TOTAL	CODE	DESC	AMT			
17-Sep	WCA Annual Conference - Wis Dells					170.00	111.35			30.00	30.00				141.35		
19-Sep	WCA Annual Conference - Wis Dells					170.00	111.35				0.00				111.35		
							0.00				0.00				0.00		
							0.00				0.00				0.00		
							0.00				0.00				0.00		
							0.00				0.00				0.00		
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							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		
CLAIMANT'S CERTIFICATION						TOTALS		Total				Total			Total		
						340.00	222.70					30.00				-	252.70

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE ABOVE STATEMENT OF EXPENSES IS TRUE, THAT THE EXPENSES AND REQUEST FOR REIMBURSEMENT ARE IN CONFORMITY WITH COUNTY ORDINANCES, COUNTY POLICY AND/OR APPLICABLE UNION CONTRACT.

Signature _____ Date _____

Approved By _____ Date _____

- ITINERARY CODES**
- 1-COURTHOUSE
 - 2-HIGHWAY OFFICE
 - 3-SOC.SERVICES BLDG.
 - 4-BROOKSIDE
 - 5-HOME
 - 6-PARKS OFFICE
 - 9-OTHER

- TRANSPORTATION CODES**
- 1-PERSONAL VEHICLE
 - 2-PUBLIC TRANSPORTATION
 - 3-COUNTY OWNED VEHICLE
 - 9-OTHER

OTHER EXPENSE CODES

- 1-REGISTRATION
- 2-PARKING
- 3-TAXI FARE
- 4-TELEPHONE
- 9-OTHER

TOTAL TRANSPORTATION \$ _____ **222.70**

TOTAL MEAL COST \$ _____ **30.00**

TOTAL OTHER EXPENSES \$ _____ **-**

TOTAL DUE \$ _____ **252.70**