POTTAWATTAMIE COUNTY EXPENSE FORM

NAME:		TIME PERIOD:		
MEALS, TOLLS &	& OTHER TRAVEL EXPENSES ****Attach	Itemized Receipts	***	
	able if there is no overnight stay. *Dep			axable
Federal Per Die	em rates can be found at www.gsa.go	V	_	
DESTINATION O	CITY:			
Per Diem for de	estination:			
DATE	DESCRIPTION OF EXPENSE	OVERNIGHT STAY (Y/N)	AMOUNT	PURPOSE OF REIMBURSEMENT
TOTAL				
*				
*FORWARD COPY TO PAYROLL IF TAXABLE MEAL IS INCLUDED				