DELAWARE COUNTY EXPENSE REIMBURSEMENT FORM

DO NOT USE THIS FORM FOR TRAVEL REIMBURSEMENT

NAME _____ **DATE** _____

DEPT _____

Original receipts must accompany this form and submitted monthly.

DATE	DESCRIPTION	AMOUNT
	TOTAL $	

Please use this form for purchase reimbursement only and done **monthly**.

Note: Taxes and tips are not eligible for reimbursement.

I certify that the expenses were incurred on or for official Delaware County business.

Employee Signature _____

Supervisor Signature _____