



METROPARKS OF BUTLER COUNTY

Request for Reimbursement of Miscellaneous Expenses

Name _____

Date _____

Check One: Employee Board Member Volunteer Other – Explain: _____

Description and Date(s) of Expense:

Amount Requested: _____ (should exclude any sales tax that was charged unless the reimbursement is for an approved meal(s) consumed within a restaurant or a tax on lodging which cannot be waived pursuant to local, state or federal regulation.)

I request reimbursement for real and necessary business-related expense(s) as detailed above.

Requestor Signature: _____

Approval:

Supervisor: _____

Date _____

Executive Director/Deputy or Assist. Director _____ Date _____

Employee, Board Members and volunteers must submit a copy of the receipt and/or other proof of the expense which shall be attached to this request form prior to submittal for reimbursement. If check, a copy of the cleared check must be included.

Forward to Financial Services for processing upon approval.