



SHELBY COUNTY FISCAL COURT  
Expense Reimbursement Form

Submitted Date: \_\_\_\_\_

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Date(s) of Travel \_\_\_\_\_ to \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

\*\*\*\*\*

Conference or Institute Attended: \_\_\_\_\_

Total Mileage: (if no co. vehicle available) at: \_\_\_\_\_ \$ \_\_\_\_\_

(if co. vehicle available) at: \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*\*Please refer to [irs.gov](http://irs.gov) for standard mileage rates**

Hotel \_\_\_\_\_ \$ \_\_\_\_\_

Meals \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee \_\_\_\_\_ \$ \_\_\_\_\_

Phone Expense \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total to be reimbursed \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Employee Making Request (PRINT)

\_\_\_\_\_  
Signature of Employee Making Request

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
County Judge Executive

**\*\*ALL receipts must be attached.**