

## Step 2: Employee Reimbursement Form



EMPLOYER INFORMATION				
Business Name:			FOR INTERNAL USE ONLY	
Primary Contact Name:			Date App Received:	
Phone:			Date to Fund:	
Email:			Funding Amount Approved: \$	
EMPLOYEE INFORMATION				
Name:				
Position:				
Hire Date:				
New Mailing Address:				
City:		State:	Zip:	
Old Mailing Address:				
City:		State:	Zip:	
Email:				
REIMBURSEMENT INFORMATION				
DIRECT EXPENSES* (LODGING, AIRFARE, CAR RENTAL, UTILITY HOOK-UP, VEHICLE REGISTRATION, ETC.)				
Date	Vendor	Item		Total Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
MILEAGE**				
Date	To/From	Purpose	Total Miles	Total Amount
				\$
				\$
				\$
				\$
				\$
TOTAL REIMBURSEMENT				\$

\*Receipts needed for reimbursable direct expenses

**\*\*Mileage rate based on current federal reimbursement rate**

## EMPLOYEE REIMBURSEMENT CHECKLIST OF REQUIREMENTS

- |  |   |
|--|---|
| <input type="checkbox"/> Employee Reimbursement Form | <input type="checkbox"/> Proof of Bowman County Residency |
| <input type="checkbox"/> Eligible Receipts           |   |

I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions. I certify that I have incurred these expenses as part of my move to Bowman County, I reside in Bowman County and will continue to for the three-year requirement, and I am a new hire. I am liable to repay these expenses if my employment status changes.

Employee Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All receipts must be submitted prior to reimbursement.**

Teran Doerr, Executive Director: \_\_\_\_\_  
Date Approved: \_\_\_\_\_