ANACONDA-DEER LODGE COUNTY

Work Claims Form

PAYEE _____

ADDRESS _____

CITY / ZIP _____

HOURS WORKED

Date	Work Description	Rate		Total Hours	Total Dollars

Totals _____

MILES TRAVELED

Date	Start Location		End Location		Total Miles	Reimbursement

Totals _____

CLAIMANT SIGNATURE _____ Total Reimbursement _____

Supervisor Approval _____

ANACONDA-DEER LODGE COUNTY

Employee Expense Claims Form

Employee _____

ADDRESS _____

CITY / ZIP _____

Accounting Dept _____ **Date of Request** _____

Account Coding _____

Description of Trip _____

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
DATE							
MEALS							
Breakfast							
Lunch							
Dinner							
Travel Expenses							
Lodging							
Auto Rental							
Gas							
Airplane Fare							
Other							
Mileage @ IRS Rate							
Miscellaneous							
Grocery							
Office Supplies							
Other							
Less Advance							
Total							

Total Reimbursement $0.00

Explanation for Expenditures _____

Employee Signature _____

Supervisor Approval _____