

MASON COUNTY - NO OVERNIGHT STAY MEAL REQUEST

I understand that a meal reimbursement request made for single day travel is a taxable benefit. This reimbursement payment will be processed by the payroll department with my next paycheck, reported on my W-2 and have all appropriate taxes deducted.

Employee Name _____

Payroll BARS line (Budget Code) _____

Payroll Employee # _____ Dept Fund # _____

Department Name _____

COUNTY OF TRAVEL						
DATE OF TRAVEL						
MEAL REIMBURSE	Breakfast					0.00
	Lunch					0.00
	Dinner					0.00
TOTALS						\$ -
DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER						
TOTAL APPROVED AMOUNT						\$
REQUIRED: PLEASE ATTACH INFORMATION SHOWING CONF/MEETING DATES AND LOCATION:						

State of Washington } SS
County of Mason }

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I hereby certify that I will refund to the County any payments or reimbursements received by me for the above stated expenses.

My signature below indicates that I understand I am requesting a taxable benefit. This taxable benefit will be processed through payroll with all appropriate deductions and be added to my W-2 taxable wages.

Employee Signature _____ Date _____

Department _____

Approved By: _____

Title _____ Date _____
Is out of state travel approved? _____

If required: _____

Elected Official, Dept Head or Commissioner

Auditor's Financial Service certification:

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to certify to said claim.

by: _____ date: _____

Employee, please **keep a copy** of this form for your records. Submit the **ORIGINAL** to your supervisor/ department head to be forwarded to the Auditor's Financial Services Payroll Department. Thank you.