

**LUCAS COUNTY**  
**REQUEST FOR REIMBURSEMENT/TRAVEL CARD USAGE**

**This form is to be completed AFTER TRAVEL and must be attached to your expense report  
All receipts must be itemized and must show proof of payment**

TODAY'S DATE:

**CONTACT NAME:**

**CONTACT PHONE:**

EMPLOYEE NAME:

**DEPARTMENT:**

#### TRAINING DESTINATION:

DEPARTURE DATE:

RETURN DATE:

## PURPOSE OF TRAINING:

TO:

**CHARTFIELD:** **FUND:**

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