

# Dodge County UW-Extension Expense Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Event	Date
_____	_____

Vendor	Amount
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

**RECEIPTS** – attach receipts (*Please remember tax is NOT reimbursable*)

\_\_\_\_\_  
Claimant's signature Date

CLAIMANT'S STATEMENT. I declare this account of expenses is accurate and conforms with all applicable Dodge County ordinances. The expenses are actual costs, reasonable, and were personally incurred in performance of agreed upon duties. No portion of this claim was provided free of charge, covered by a registration fee, previously reimbursed from any other source, or will be paid from any other source in the future.

\_\_\_\_\_  
Educator signature Department Head signature

**Office Use Only:** Account to pay from \_\_\_\_\_  
*Educator's input* *Account Number*