HUTCHINSON COUNTY
EXPENSES REQUESTED FOR REIMBURSEMENT BY COUNTY
**FOR NON OVERNIGHT BUSINESS MEAL REIMBURSEMENTS**
**EACH PERSON MUST PAY FOR THEIR OWN MEALS FOR REIMBURSEMENT**
EFFECTIVE OCTOBER 1, 2008

THE INTERNAL REVENUE SERVICE DOES NOT SPECIFICALLY EXCLUDE NON OVERNIGHT BUSINESS MEAL REIMBURSEMENTS FROM ONE'S INCOME; THEREFORE, THEY MUST BE INCLUDED IN AN EMPLOYEE'S GROSS INCOME, AND NORMAL PAYROLL DEDUCTIONS MUST BE DEDUCTED.
YOU MAY ELECT TO NOT BE REIMBURSED IF YOU DO NOT WISH TO INCUR THE ADDITIONAL TAXES.

COMMISSIONER'S COURT VOTED TO DISCONTINUE PER DIEM REIMBURSEMENTS ON THIS TYPE OF TRAVEL AND ONLY REIMBURSE THE EXACT AMOUNT OF THESE MEALS UP TO THE MAXIMUM AMOUNT LISTED.

$ _____ EXACT AMOUNT **(MUST ATTACH RECEIPTS)**

**MAY NOT EXCEED THE FOLLOWING AMOUNTS:**

| | |
|---|---|
| Breakfast | $ 16.00 Each |
| Lunch | $19.00 Each |
| Dinner | $28.00 Each |

$ 0 **TOTAL REIMBURSEMENT OF NON OVERNIGHT BUSINESS MEALS REQUESTED.**

ATTACH AN AGENDA OR SOME OTHER FORM SHOWING WHAT COUNTY BUSINESS YOU WERE CONDUCTING.

## THIS FORM MUST BE SUBMITTED TO OUR COUNTY TREASURER.

IF YOUR REIMBURSEMENT FORM IS RECEIVED BY THE TREASURER'S OFFICE BY THE 15TH OF THE MONTH YOUR REIMBURSEMENT WILL BE INCLUDED IN YOUR NEXT PAYCHECK.
**IF YOUR FORM IS RECEIVED BY THE TREASURER'S OFFICE AFTER THE 15TH IT WILL BE INCLUDED IN YOUR FOLLOWING MONTH'S PAYCHECK.**

I hereby certify that the above statement of expenses is true and correct to the best of my knowledge and that these expenses were incurred in carrying out the business of Hutchinson County.

| | |
|---|---|
| Printed Name of Employee | |
| Employee's Signature | |
| Department Head's Signed Approval | |
| Expenditure Line Item | |
| Date of Approval | |