

**FRANKLIN COUNTY CHILDREN SERVICES
MILEAGE, PARKING, TELEPHONE
REIMBURSEMENT REQUEST
Travel during 2021**

Type in name (as on payroll)

Type in home address

[illegible]

See Employee Handbook for instructions & policies.

Certification: I understand that all requests for reimbursement are subject to audit. Any audit findings that I have not actually incurred the expenses outlined above or in any attached material in the performance of my duties or that the expense does not comply with Franklin County Children Service and Franklin County policies will result in my obligation to repay funds received in error or by fraud to Franklin County Children Services. My signature on this form is my consent to have repayment deducted from my paycheck, if I do not contest the findings within 14 days of the audit findings email send date.

Employee Signature	Date
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Supervisor's Approval _____ Date _____

Accounting Use Only

Total Miles	0	\$0.00
Total Parking		\$0.00
Total Phone		\$0.00
TOTAL AMT DUE		\$0.00