

Employee Reimbursement Checklist of Requirements

<input type="checkbox"/> Employee Reimbursement Form	<input type="checkbox"/> Proof of Dunn County Residency
<input type="checkbox"/> Eligible Receipts	

I hereby declare that all the above provided information is correct and accurate to the best of my knowledge. I agree to the above terms and conditions. I certify that I have incurred these expenses as part of my move to Dunn County. I reside in Dunn County and will continue to for the three-year requirement, and I am a new hire. I am liable to repay these expenses if my employment status changes.

Employee Signature:	Printed Name:
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Title:	Date:
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Employer Signature:	Printed Name:
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Title:	Date:
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Application is to be filled out in its entirety. All requested information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All receipts must be submitted prior to reimbursement.

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Carie Boster, Executive Director:
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Approved on:
