Scioto County
Miscellaneous Employee Expense Reporting Form

Employee Name: _____

Please list the items for which the employee is being reimbursed. Do not use this form for travel, clothing, or other reimbursements for which another specific reporting form is available.

Date of Expense	Description of Item Being Paid or Reimbursed	Dollar Amount

Total: _____

_____ Employee Signature

_____ Department Head Signature

County Auditor's Office Use Only:

Taxable Fringe: ☐ No

☐ Yes Amount: _____

Date forwarded to Payroll Dept.: _____ By: _____

Pay Date Processed: _____ By: _____