

REQUEST MUST BE ON COUNTY OFFICE LETTERHEAD & SUBMITTED TO:

"Campus Contact"
Iowa State University
Ames, IA 50011

ISU ACCOUNT NUMBER: _____.

Please reimburse _____ County for the following expenses that were incurred in carrying out activities related to the grant identified by the account number above.

WAGES/BENEFITS -- Non ISU Paid Employees only: Please include name, Social Security number of individual, and time period:

_____ hours times _____ per hour **equals** _____

Employer's share of social security (gross wages times 6.2% for FICA and 1.45% for Medicare) **equals** _____

Employer's share of IPERS, (if hired more than six months) which is gross wages times 6.05% **equals** _____

TOTAL WAGES/BENEFITS **equals** _____

OTHER EXPENSES * -- Itemize expenses and attach receipts for each.
Examples: postage, supplies, facility rental, telephone, etc.

TOTAL OTHER EXPENSES **equals** _____

TRAVEL EXPENSES (for non-ISU employees) ** --
Attach traveler's name, travel expenses, and include Beginning date to ending date of travel.

TOTAL TRAVEL EXPENSES **equals** _____

GRAND TOTAL EXPENSES **equals** _____

(County Extension Director)

(Date)

*** Telephone Expenses** -- If reimbursement is requested, copies of telephone bills must be attached with related calls identified.

**** Travel Expenses** -- If a county needs reimbursement for a county staff member not paid through ISU, a copy of the employee's travel expense voucher (the one the county originally used to pay the traveler) needs to be attached to this request for reimbursement. Photocopies of motel bills and registration receipts must be stapled to the travel expense voucher.