



County of Union Employee Personal Expense Claim (E.P.E.C.)

Employee Name: _____

Department Name: _____ Division Name: _____

Requisition Number(s): _____

Description of Event (e.g. Course/Conference/Seminar)

Name of Event: _____

Vendor(s) Providing the Event: _____

Location: _____

Departure Date: _____ Start Date: _____ End Date: _____

Is this event for mandatory training? _____ If so, mandated by who? _____

Are CEU's earned at this event? _____ If so, how many? _____

What license are the CEU's for? _____ When does the license expire? _____

Pre-Event Approval - (Approval Signatures and Date of Signatures Required)

Department/Division Head: _____

County Manager: _____ Written request provided if applicable? _____

Description of Expenses - (Employee Signature and Date of Signature Required)

Description	County Sub Account	Grant Sub Account	Estimated Expenses	Actual Expenses	Comments
Other Expense	326				
Travel	383				
Meals (max. 15% tip/gratuity reimbursed)	384				
Lodging	385				
Registration	387				
Time Only					
Total					

I hereby certify that the above listed expenditures are as a result of my duties as a county employee.

Employee's Signature: _____ Date: _____

Post-Event Approval - (Approval Signatures and Date of Signatures Required)

County Manager: _____ Follow-up letter provided, if applicable? _____

Comptroller: _____

In accordance with N.J.S.A. 40A:5-16 the Director of Finance/Comptroller is authorized to reject any Voucher for reimbursement which does not comply with the above.