

**County of Lake**  
**Request for Interview Travel Expense Reimbursement**

Applicant: \_\_\_\_\_  
                    Print Name

I am requesting reimbursement under the County of Lake's Applicant Interview Travel Expense Policy. I certify that the attached original receipts represent true and correct expenses incurred for my interview(s) to Lake County and that I am only eligible for expenses pursuant to said policy. I understand that the money I receive may be taxable as income.

Signature of the Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

We have determined that the above applicant is entitled to reimbursement for the attached interview expenses per the County of Lake's Applicant Interview Travel Expense Policy.

\_\_\_\_\_  
Signature of County Administrative Officer      Date

\_\_\_\_\_  
Signature of Human Resources Director      Date

This reimbursement shall be charged to:

Fund \_\_\_\_\_ Dept \_\_\_\_\_ Account \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature on Account