

_____ **County**

County Unemployment Compensation Program

Request for Reimbursement Form

Employee Name: _____

Social Security No.: _____

Termination Date: _____

Reason for Termination:

Amount of Reimbursement Requested: _____
(Attach copy of approved expenditure voucher and claim payment notice)

Account Name to be Reimbursed: _____

CED Signature: _____

Date: _____