

**BOARD OF TRUSTEES
JEFFERSON TOWNSHIP, MONTGOMERY COUNTY, OHIO
RESOLUTION NO. 17-048
ADOPTING FORM JT-2017R PAYMENT AUTHORIZATION/REQUEST FOR
REIMBURSEMENT**

The Board of Trustees of Jefferson Township, Montgomery County, Ohio met in special meeting at 5:00 p.m. on the 30th day of March 2017 at the Township Offices located at One Business Park Drive, with the following members present:

Roy Mann X James McGuire X Russell Back X

Trustee Back moved for the adoption of the following resolution:

WHEREAS, in accordance with the duties and responsibilities of the Jefferson Township Board of Trustees and its officials; and

WHEREAS, the Board of Trustees and its officials have expenses while attending conferences, meetings and performing other township functions.

NOW, THEREFORE BE IT RESOLVED that Form JT-2017R, Payment Authorization / Request for Reimbursement be adopted by the Jefferson Township Board of Trustees. (Attachment)

Trustee McGuire seconded the motion and the roll was called on the question of its adoption.

The vote was as follows:

Roy Mann Yes James McGuire Yes Russell Back Yes

Adopted: the 30th day of March, 2017.


Signed:



Roy Mann – President



James McGuire, Trustee



Russell Back - Trustee

Attest:



Tracey Edwards, Fiscal Officer

17-048

JEFFERSON TOWNSHIP, MONTGOMERY COUNTY PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

ATTACH ALL RECEIPTS TO THIS EXPENSE STATEMENT

Name _____

Position _____

Address _____

City/Zip _____

Telephone (_____) _____ Email _____

Expenditure was for: _____

List Expenditures: _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL EXPENSE \$ _____

Total Amount Claimed From Above \$ _____
 Minus Advance Received \$ _____
 Reimbursement Claimed \$ _____
 Not claimed (Donated) \$ _____
 Refund (Enclose Check) \$ _____

Signature _____ Date _____

FOR TREASURER USE:

- Board of Trustees-approved activity
- Funds released by Board of Trustees
- Board of Trustees-approved expenditure

CHECK NUMBER	CATEGORY	AMOUNT ADVANCED	EXPENSES	AMOUNT OWED OR DUE

Financial Manager's signature: Trustee (At least 2 signatures) _____ Date: _____

 Date approved in minutes: _____ Fiscal Officer's signature: _____