



TRAVEL EXPENSE REIMBURSEMENT FORM

Person Submitting Request: _____
Department: _____
Departure Date: _____ Return Date: _____
Purpose of travel: * _____

MEALS

NOTE: You may claim reimbursement for meals so long as no per diem advance was received.

Dates	Daily Total (\$45 maximum)
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total	\$ _____
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Accounting Code _____

LODGING

Provide detailed receipts showing actual paid expenditures.

Dates:	To: _____	From: _____	
Rate Per Day:	_____		\$ _____
Parking/Other:	_____		\$ _____

Total Lodging	\$ _____
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Accounting Code _____

TRANSPORTATION

Airline, Bus, Train, etc. (Attach Travel Ticket Stub/Paid Receipt(s)) _____

Other Travel or Transportation Expense (Attach Receipts) _____

Total Transportation	\$ _____
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Accounting Code _____

OTHER EXPENSES

Conference Registration (Attach Receipt and Copy of Conference Program) _____

Other Expense (Describe and attach Receipts) _____

Total Other Expenses	\$ _____
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Accounting Code _____

Turn Over

TOTAL THIS TRAVEL EXPENSE FORM	\$
DEDUCT TRAVEL ADVANCE (If applicable)	\$
NET EXPENSE <input type="checkbox"/> Reimbursement <input type="checkbox"/> Due to County	\$

*Attach meeting or conference program/agenda and /or other documentation supporting the need for this travel expenditure.

C E R T I F I C A T I O N

CERTIFICATION BY EMPLOYEE: "I certify that the Expenses as shown on this form are true and correct statements of expenses incurred by me while traveling on official county business."

Signature of Employee

CERTIFICATION OF ELECTED OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request for reimbursement and recommend the same for payment."

Signature of Official