



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)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	\$ _____
Accounting Code _____	

LODGING

Provide detailed receipts showing actual paid expenditures.

Dates: To: _____	From: _____	
Rate Per Day: _____		\$ _____
Parking/Other: _____		\$ _____
	Total Lodging	\$ _____
Accounting Code _____		

TRANSPORTATION

Airline, Bus, Train, etc. (Attach Travel Ticket Stub/Paid Receipt(s))	_____
Other Travel or Transportation Expense (Attach Receipts)	_____
	Total Transportation \$ _____
Accounting Code _____	

OTHER EXPENSES

Conference Registration (Attach Receipt and Copy of Conference Program)	_____
Other Expense (Describe and attach Receipts)	_____
	Total Other Expenses \$ _____
Accounting Code _____	

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