



EMPLOYEE TRAVEL EXPENSE FORM

PERSON SUBMITTING REPORT:
NAME OF DEPARTMENT:
PURPOSE OF TRAVEL:
DESTINATION: DEPART DATE/TIME: RETURN DATE/TIME:

MEALS AND LODGING: Meals are reimbursed at the flat rate listed. \*Please note that all meals purchased while traveling are NOT reimbursable when the travel does not include an overnight stay.
\*Receipts for all other expenses are necessary for reimbursement. Please attach a copy of the Conference/ Meeting Program verifying which meals are provided. Departure/Return time must be completed in order to process.

Table with columns for DATE, Breakfast (\$13.00), Lunch (\$14.00), Dinner (\$23.00), \*Incidental (\$5.00), and Total (\$50/\$5). Rows show \$0.00 for each category and a total of \$0.00.

Table for LODGING EXPENSE (IF NOT PREPAID) with columns for DATE, LODGING EXPENSE, Copy of Lodging receipts required, and TOTAL. Rows show \$0.00 and a total of \$0.00.

Table for MILAGE: (SHORTEST ROUTE) with columns for DATE, MILEAGE, \$0.560, eff: 1/1/2021, and TOTAL. Rows show \$0.00 and a total of \$0.00.

in (attach receipts and copy of program):
es (explain and attach receipts):
Total of all expenses: \$0.00
Deduct travel advance:
Total Request for Reimbursement: (OR Due to County) \$0.00

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 Date

CERTIFICATION OF 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 approved the same for payment."