2019

TRAVEL EXPENSE VOUCHER

PER DIEM AMOUNT	
Breakfast	$13.00
Lunch	$14.00
Dinner	$23.00
Incidentals	$5.00
Mileage rate	0.58

Effective 1/1/19

DATE REQUESTED/SUBMITTED _____ DEPARTMENT _____

REASON FOR REQUEST _____

EMPLOYEE NAME _____

ADVANCE REQUESTED _____ FUND/DEPT/LINE ITEM _____

REQUESTING SIGNATURE _____ DEPARTMENT HEAD APPROVAL _____

FOR ADVANCES MAKE A COPY AND FILL IN BOTTOM PORTION ONCE TRAVEL IS COMPLETED.

EXPENSE BREAKDOWN

(ORIGINAL RECEIPTS MUST BE ATTACHED)

DATE	PURPOSE/DESTINATION	MILES	AMOUNT	HOTEL	MEALS	OTHER	TOTAL
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
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		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
		@ 0.58	$0.00				$0.00
SUMMARY TOTALS		-	$0.00	$	$	$	$0.00
						(A) TOTAL EXPENSE OF THE TRIP	$0.00
						(B) ADVANCE RECEIVED	$
						IF (A) IS LESS THAN (B) – AMOUNT OF REFUND TO THE COUNTY	$
						IF (A) IS GREATER THAN (B) – AMOUNT DUE TO EMPLOYEE	$0.00

I Hereby certify that all items or expense included in this statement were incurred in the discharge of authorized official business; that the amounts are correct; and that they represent proper chanrges against the county.

SIGNED _____ APPROVED _____

(Department Head)

Revised 12/26/2018