



2017

TRAVEL EXPENSE VOUCHER

PER DIEM AMOUNT
 Breakfast \$11.00
 Lunch \$12.00
 Dinner \$23.00
 Incidentals \$5.00
 Mileage rate 0.535
 Effective 1/1/17

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
		@ 0.535					
		@ 0.535					
		@ 0.535					
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		@ 0.535					
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SUMMARY TOTALS		-		\$	\$	\$	
				(A) TOTAL EXPENSE OF THE TRIP			
				(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			
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 charges against the county.							
SIGNED _____				APPROVED _____ (Department Head)			