

County Commissioner Expense Form

Commissioner Name: _____

Period: _____

Meeting Details (Important decisions and discussion, attach any documentation for other Board Members)

| Date | Meeting Name | Meeting Address (City) | Miles | IN/OUT | Per Diem | Meals |
|------|--------------|------------------------|-------|--------|----------|-------|
| | | | | | | |

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| Date | Meeting Name | Meeting Address (City) | Miles | IN/OUT | Per Diem | Meals |
|------|--------------|------------------------|-------|--------|----------|-------|
| | | | | | | |

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| | | | | | | |

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|------|--------------|------------------------|-------|--------|----------|-------|
| | | | | | | |

Meeting Details:

Add up all amounts from each meeting and put in summary totals

| Summary Totals | Number of Miles | Mileage Rate | Total Mileage Expense | Per Diem | Meals Expense | Other Expense | Total Expenses |
|-----------------------------|-----------------|--------------|-----------------------|----------|---------------|---------------|----------------|
| In County Miles: | | 0.655 | | | | | |
| Out of County Miles: | | 0.655 | | | | | |
| Summary Totals | | | | | | | |

I hereby certify that all Items of 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. Reimbursements will be made on the next payroll after approved. Meals included with meetings are not reimbursed.

| | |
|----------------------------|--|
| Reimbursement Total | |
|----------------------------|--|

*Federal Mileage Rate \$0.655/mile
 Per Diem:
 Half Day \$60 / Full Day \$120
 Breakfast \$10; Lunch \$15
 Dinner \$20*

SIGNED _____