

COUNTY TRAVEL EXPENSE VOUCHER

Date Submitted: _____

County Department

Expense Account Number

Name of Employee **Title**

Home Address (City)

Date	Description	# of Miles	Mileage Amount	Hotel	Meals	Per Diem	Other Expense	Dally Total
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.	Reimbursement Total	
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NATURE OF OFFICIAL BUSINESS: _____

SIGNED _____

APPROVED _____
Department Head or Elected Official