



2018

TRAVEL EXPENSE VOUCHER

PER DIEM AMOUNT
 Breakfast \$11.00
 Lunch \$12.00
 Dinner \$23.00
 Incidentals \$5.00
 Mileage rate 0.545
 Effective 1/1/18

| | |
|--------------------------------|--------------------------------|
| 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 |
| | | @ 0.545 | \$0.00 | | | | \$0.00 |
| | | @ 0.545 | \$0.00 | | | | \$0.00 |
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| | | @ 0.545 | \$0.00 | | | | \$0.00 |
| | | @ 0.545 | \$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 charges against the county. | | | | | | | |
| SIGNED _____ | | | | APPROVED _____ (Department Head) | | | |