



2020

TRAVEL EXPENSE VOUCHER

PER DIEM AMOUNT
 Breakfast \$13.00
 Lunch \$14.00
 Dinner \$23.00
 Incidentals \$5.00
 Mileage rate 0.575
 Effective 1/1/20

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
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
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		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$0.00				\$0.00
		@ 0.575	\$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)			