

**WASHINGTON COUNTY
TRAVEL REIMBURSEMENT
AND EXPENSE REPORT**

EMPLOYEE NAME: _____ **DEPARTMENT:** _____
SOCIAL SECURITY # (If reimbursement is less than \$50 payment will be included in Payroll) _____

PURPOSE: _____ **DESTINATION:** _____

** ATTACH COPY OF APPROVED TRAVEL REQUEST FORM TO THIS REPORT
 List ALL expenses incurred, including amounts charged to County

Day/ Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
NATURE OF EXPENSE	Attach ALL Receipts to this report							TOTAL
Total Auto Miles								
Less Personal Auto Miles								
Total Billable Miles @ \$.50								
Lodging Per Day								
Registration Fees								
Air Fare								
Car Rental								
Cab Fare								
Gasoline (Only if using Co Vehicle)								
Parking Fees								
Tolls								
Miscellaneous								
Breakfast \$12.00								
Lunch \$15.00								
Dinner \$20.00								
15% Gratuity *Must be included in the daily total								
TOTAL								\$

Notes/Remarks: _____

Less Amounts Charged <i>(list charges below)</i>	
Total Personal Employee Exp.	\$
Less Funds Advanced by County	
NET EXPENSE REPORT	\$

ACCOUNT NO: _____ AMOUNT DUE ___ COUNTY
 (check one) ___ EMPLOYEE

CHARGES INCURRED ON COUNTY CREDIT CARD *(describe expenses in blocks below under the correct day)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Expenses								

I CERTIFY THAT THE FOREGOING EXPENSES WERE INCURRED IN THE CONDUCT OF COUNTY BUSINESS.

Employee/Date

Finance Officer/Date

Department Head/Date

County Manager/Date