

**WASHINGTON COUNTY
TRAVEL REIMBURSEMENT
AND EXPENSE REPORT**

EMPLOYEE NAME: _____ **DEPARTMENT:** _____

PURPOSE: _____ **DESTINATION:** _____

** ATTACH COPY OF APPROVED TRAVEL REQUEST FORM TO THIS REPORT**

** List ALL expenses incurred, including amounts charged to County**

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date:								
NATURE OF EXPENSE	Attach ALL Receipts to this report							TOTAL
Total Auto Miles								0
Less Personal Auto Miles								0
Total Billable Miles @ \$.50								\$0.00
Lodging Per Day								\$0.00
Registration Fees								\$0.00
Air Fare								\$0.00
Car Rental								\$0.00
Cab Fare								\$0.00
Gasoline (Only if using Co Vehicle)								\$0.00
Parking Fees								\$0.00
Tolls								\$0.00
Miscellaneous								\$0.00
Breakfast \$12.00								\$0.00
Lunch \$15.00								\$0.00
Dinner \$20.00								\$0.00
15% Gratuity *Must be included in the daily total								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Notes / Remarks:

Less Amounts Charged <i>(list charges below)</i>	\$0.00
Total Personal Employee Exp.	
Less Funds Advanced by County	\$0.00
NET EXPENSE REPORT	\$0.00

ACCOUNT NO: _____

AMOUNT DUE (check one):

EMPLOYEE _____ COUNTY _____

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

Expenses	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Lodging/Parking								\$0.00
Registration								\$0.00
Meals								\$0.00
								\$0.00

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

Employee / Date

Finance Officer / Date

Department Head / Date