

2022 Traverse County DAY TRIP Expense Reimbursement Request
Use This Form When You Have DAY TRIP Expenses, Please use form for overnight Trips.

EMPLOYEE NAME: _____

MEETING/CONFERENCE/WORKSHOP ATTENDED: _____

DATE(S) OF MEETING/CONFERENCE/WORKSHOP: _____

LOCATION (CITY) OF MEETING/CONFERENCE/WORKSHOP: _____

ITEMIZED EXPENSES
ITEMIZED RECEIPTS FOR ALL CLAIMED EXPENSES MUST BE ATTACHED.

MEALS:				Maximum Allowed:
Date	City	Purpose for Travel	County Credit Card	\$40.00 A Day
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
Total:				

MILEAGE: _____ MILES AT \$.585 MILE = \$ _____
(Effective 1/1/1/2022 To 12/31/2022)

OTHER EXPENSES: (RECEIPTS MUST BE ATTACHED.)

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

I Certify That Above-Listed Claims Are True And Correct And Have Not Been Paid Previously.

 Employee Signature and Date

 Department Head (Supervisor) Signature and Date