

## 2024 Traverse County **DAY TRIP** Expense Reimbursement Request

EMPLOYEE NAME: \_\_\_\_\_

MEETING/CONFERENCE/WORKSHOP ATTENDED: \_\_\_\_\_

DATE(S) OF MEETING/CONFERENCE/WORKSHOP: \_\_\_\_\_

LOCATION (CITY) OF MEETING/CONFERENCE/WORKSHOP: \_\_\_\_\_

### ITEMIZED EXPENSES RECEIPTS FOR ALL CLAIMED EXPENSES **MUST** BE ATTACHED

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

**MILEAGE:** \_\_\_\_\_ MILES AT \$.67 MILE = \$ \_\_\_\_\_  
(Effective 1/1/2024 To 12/31/2024)

**OTHER EXPENSES: (RECEIPTS MUST BE ATTACHED.)**

EXPENSE DESCRIPTION: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

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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