

2025 Traverse County **OVERNIGHT** 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

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

LODGING:

NAME & ADDRESS OF HOTEL: _____

DATE(S) OF STAY: _____

COST PER NIGHT: \$ _____

TOTAL: \$ _____

MILEAGE:

_____ MILES AT \$.70 MILE = \$ _____
(Effective 1/1/2025 to 12/31/2025)

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

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

EXPENSE DESCRIPTION: _____ TOTAL: \$ _____

TOTAL EXPENSES THIS MEETING/CONFERENCE/WORKSHOP: \$ _____

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