

REPORT FOR TRAVEL EXPENSES (EXP. ACCT. 42121)

Employee: _____ Address: _____

Date: _____ Total Claim: \$ _____

Reason for Travel: _____

Location: _____ Date: From: _____ To: _____

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date:								
Lodging: Name:								
Meals Actual or Per Diem-Meals & Inc.								
Breakfast								
Lunch								
Dinner								
Taxi/Transportation/Rental								
Business Phone Calls								
Registration Fees: Itemize Below*								
Mileage: Attach Detail of Daily Mileage*								
Other Expenses: Explain Below*								
Airline Ticket: Attach Receipt *								
Total Expenses Claimed								

* Explanation of Other Expenses When Necessary: _____

Was a County Credit card used for any expenses? YES NO

I certify that the above statement and itemization of expenses are true and correct, and were properly incurred on behalf of Douglas County.

Print: _____

Signed: _____
Employee

I have examined this expense account and approve these expenses as properly incurred on behalf of Douglas County.

Print: _____

Signed: _____
Authorizing Signature