

TRAVEL REIMBURSEMENT FORM

July 1, 2016

Print Name _____
 Dept # _____
 Line Item _____
 Date _____

Location & Purpose of Trip _____

Date	Lodging	**Breakfast \$11.00	Lunch \$14.00	***Dinner \$21.00	Mileage \$0.540	Misc *	Total Daily Cost

Grand Total _____

Approved By _____

Less Any Advances (_____)

Total Reimbursement Due _____

* Please attach all receipts and give a description of any items in the "Misc" column

** To qualify for breakfast you would have to leave 2 hrs before your shift starts

***To qualify for a dinner you would have to be 3 hrs over from when your shift would end

I do certify that all expenses listed above are legitimate expenses incurred by me in the carrying out of my duties as an employee of Cherokee County

Signed By _____
 (Employee)