TRAVEL REIMBURSEMENT FORM

Effective 7/1/19

Print Name _____

Dept # _____

Line Item _____

Date _____

PO# _____

Location & Purpose of Trip _____

Date	Lodging	**Breakfast $11.00	Lunch $14.00	***Dinner $21.00	Mileage $0.580	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

**** You must attach the agenda for the travel listed above. If an agenda is NOT provided before your class, please provide it upon your return to be attached to your reimbursement request.

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)