



Signed By \_\_\_\_\_  
(Employee)

# TRAVEL REIMBURSEMENT FORM

Print Name \_\_\_\_\_  
 Dept # \_\_\_\_\_  
 Line Item \_\_\_\_\_  
 Date \_\_\_\_\_

Location & Purpose of Trip \_\_\_\_\_

Date	Lodging	**Breakfast \$11.00	Lunch \$14.00	***Dinner \$21.00	Mileage \$0.560	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)