**TRAVEL REIMBURSEMENT FORM**

Effective 7/1/19

Print Name __________________________

Dept # __________________________

Line Item __________________________

Date __________________________

PO# __________________________

Location & Purpose of Trip

<table>
<thead>
<tr>
<th>Date</th>
<th><strong>Breakfast</strong></th>
<th>Lunch</th>
<th>***Dinner</th>
<th>Mileage</th>
<th>Misc *</th>
<th>Total Daily Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$11.00</td>
<td>$14.00</td>
<td>$21.00</td>
<td>$0.580</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)