



Hutchinson County

TRAVEL REIMBURSEMENT FORM

Person Submitting Report:		Department:	
Purpose of Travel:		Destination:	

Departure date:	Departure Time:	Return Date:	Return Time:
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MEALS EXPENSE SUMMARY

(NO RECEIPTS REQUIRED)

Description of Expenditure	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	TOTALS
Breakfast-\$16								
Lunch-\$19								
Dinner-\$28								
TOTAL:								

NOTE: ENTER THE DOLLAR AMOUNT FOR EACH MEAL REQUESTED

LODGING, TRAVEL, TRANSPORTATION AND OTHER EXPENSES (attach receipts)

Registrations	(Attach copy of registration form)						
Lodging	(Attach copy of receipt showing days that were stayed)						
Mileage	Number of miles		@	\$	per mile		
Airline, Car Rental							
Other (Parking, Tolls, Misc):							
TOTAL:							

TOTALS (ALLOWABLE COSTS)

Meals Expenses Summary Total		
Lodging, Travel, Transportation and Other Expense Total		
Total Due Employee		

CERTIFICATION

EMPLOYEE: "I certify that the Expenses as shown on this form are true and correct statements of expenses incurred by me while traveling on official county business and I have not received reimbursement from any other source."

OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request reimbursement and approve the same for payment."

Signature of Employee

Signature of Official/Department Head

Date

Date

GL Code:

THIS FORM IS NOT TO BE USED FOR NON-OVERNIGHT BUSINESS MEAL REIMBURSEMENT.
PLEASE ATTACH AGENDA/ITINERARY SHOWING WHAT COUNTY BUSINESS WAS CONDUCTED.