TRAVEL REIMBURSEMENT FORM

Effective 7/01/23

Print Name _____
Vendor # _____
Dept # _____
Line Item _____
Date _____
PO# _____

Location & Purpose of Trip _____

Date	Lodging	**Breakfast $11.00	Lunch $14.00	***Dinner $21.00	Mileage $0.655	Misc *	Total Daily Cost
							0
							0
							0
							0
							0
							0
							0
							0

Grand Total 0

Approved By _____ Less: Any Advances ( )

Total Reimbursement Due 0

*** 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)