

Duplicate within 40 days after receiving travel advance, otherwise the advance shall be subject to payroll deduction.

Travel Expense Form

Name of Employee

Date

Department

Title

Travel To: _____
City, State

Period: _____ to _____
Date Date

Purpose:

(1) Expense (Note if expenses are supported by attached receipts)	Amount
Transportation:	\$ _____
Lodging:	\$ _____
Meals:	\$ _____
Tips:	\$ _____
Taxi Cabs:	\$ _____
Other Expenses:	\$ _____
(2) Total Expenses:	\$ _____

I, _____, certify that this travel expense account is correct, that the travel was performed on the dates specified for official business only, and that the expenses were for official business.

Submitting Employee's Signature

APPROVED: _____
Agency Director

APPROVED: _____
Appointing Authority Signature

APPROVED: _____
Joseph W. Threat, Sr.
Chief Administrative Officer

(3) AMOUNT ADVANCE ON VOUCHER NO. _____ DATED _____

(4) LESS: Total expenses reported in Line 2 above: \$ _____

(5) DIFFERENCE:

Excess of line 3 over 4 deposited as per copy of Receiving Warrant No. _____ attached.

SHOULD LINE 4 EXCEED LINE 3 ABOVE, EXPLAIN IN THE SPACE PROVIDED BELOW:

Reimbursement requested for additional funds in connection with expenses in excess of Advance in the Amount \$ _____ requested on Public Voucher Number _____ Dated _____.