

TRAVEL EXPENSE VOUCHER

IMPORTANT

*Please print 3 copies for your records
Recorder office (Accounts Payable)
monthly

*Keep 1 copy
*Submit 2 copies to Clerk &
*Do not submit vouchers more than once monthly

| | |
|--------------|------------|
| Name/Address | Month/Year |
| | Department |

Purpose: Briefly explain nature of trip(s):

| Day | 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | | 8 | 9 |
|-----|----------------|------------------|--------------|------------------|---|---|---|---|----------------|----------------|---|---|
| | Departure Time | A-A.M. or P-P.M. | Arrival Time | A-A.M. or P-P.M. | | | | | Travel Details | Mode of Travel | | |
| | | | | | | | | | Lodging | Meals | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|----------|----|------------------------------|--|--|--|--|--|--|
| TO BE PAID FROM (LINE ITEM) | | 10 | Column Totals | | | | | | |
| Fund# | Account# | 11 | Less Travel Advance Received | | | | | | |
| | | 12 | Net Reimbursement Due Me | | | | | | |
| | | 13 | Net Payment Due County | | | | | | |

If negative place the amount on line 13

Misc Expenses

| | | |
|--|-----------------------|------|
| I hereby certify that: this is a valid travel claim to the County in accordance with statutes and administrative procedures. | Employee's Signature | Date |
| | SUPERVISOR'S APPROVAL | |