

Itemized Travel Form

(Must be completed and submitted no more than 30 days after return of tavel date)

Insturctions: All conference Attendance Forms must have this form attached or they will not be approved. When a county car is available, and you choose to drive your own vehicle, you will only be reimbursed for 1/2 of mileage rate.

Department: _____ Page ____ of ____

Payees Name: _____ Title: _____

From: _____	Period covered by this voucher To: _____	Traveled by: Circle One Privately-Owned Car County-Owned Car	Total Expenses To Be Reimbursed
Budget Code: _____			

This is a true and accurate statement of expenses
incurred in the service of the state.

I certify that the expenses incurred are necessary
and proper and amounts claimed are just and reasonable.

Claimant

Head

Date	Show Each Placed Visited	Miles Traveled	\$0.76 Per Mile	HOTEL: In-state \$94.10 Out-of-State \$111.10	Meals: IS B 10.60 L 14.00 D 24.40 OS B 10.60 L 14.00 D 27.70	EXPLAIN ANY OTHER EXPENSES NOT LISTED ONTHIS SHEET	Cost	Total Daily Expenses
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	From:							
	To:							
	Totals this page							

1) Use more than one sheet when necessary
2) Total reimbursement should be listed on first page only