



MILLER COUNTY - TRAVEL EXPENDITURE REPORT

Name: _____

Department: _____

Date of Trip: _____ to _____
 Time Leaving: _____

Location of Trip: _____
 Time Returning: _____

Name or Purpose of Meeting: _____

EXPENDITURES INCURRED	DATE	DATE	DATE	DATE	DATE	DATE	DATE	TOTAL
AUTO (Miles Driven)								
MILEAGE @ \$.56 PER MILE								
OTHER TRANSPORTATION								
ROOM CHARGES*								
TELEPHONE CHARGES								
REGISTRATION FEES								
PARKING*								
PER DIEM								
CITY TAX (NON-TAX-EXEMPT)*								
TIPS (cabs, bellhops, etc)								
TOLL ROADS								
OTHER:								
TOTAL EXPENSES INCURRED								

PLEASE NOTE: THERE MUST BE A RECEIPT ATTACHED FOR ADDITIONAL EXPENDITURES

ADVANCES & PREPAID EXPENDITURE:

Hotel Mailing Address

Travel Advance: \$ _____

Prepaid Registration Fee: ☐ Mail ☐ Pick Up _____

Prepaid Room Reservations: _____

* TOTAL PRE-PAID HOTEL EXPENSES:

I certify that the above listed expenditures are true and correct.

NET AMOUNT DUE TO: ☐ County ☐ Employee

Budgeted Item? ☐ Yes ☐ No

Fund # _____

Division # _____

Account # _____

Mode of Transportation:

- ☐ Private Car
- ☐ Gov't. Car
- ☐ Common Carrier

* Employee Signature _____ Date _____

The above expenditures have been verified and the proper supporting documents are attached.

* Department Head Signature _____ Date _____

* Required Signature