



MILLER COUNTY - TRAVEL EXPENDITURE REPORT

Name: _____

Department: _____

Date of Trip: _____ to _____

Location of Trip: _____

Time Leaving: _____

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:

NET AMOUNT DUE TO: County Employee

Budgeted Item? Yes No

Fund # _____
 Division # _____
 Account # _____

Mode of Transportation:

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

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

 * Employee Signature Date

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

 * Department Head Signature Date

* Required Signature