

COUNTY CONTINUING EDUCATION TRAVEL EXPENSE REIMBURSEMENT FORM -- TR

County Your County **Department** County Clerk, Treasurer, etc **County Seat** County Seat per Mileage List
Name of Payee Name of Attendee being reimbursed - must match lodging guest receipt **Private Vehicle License No.** ABC123
Mailing Address Address to mail your reimbursement **Executive Board Member** Yes No
(I am eligible for reimbursements for attending the Board Meeting prior to conference.)

DETAILED EXPENDITURES OTHER THAN MILEAGE						TRAVEL BY PRIVATELY OWNED VEHICLE				
Date	Name of Town Visited	Lodging	Meals	Parking/ Incidentals	Total per Day	Between What Points From To	Miles Driven	Rate per Mile	Amount Claimed	
First Day	Conference Location	Room rate + taxes	May include up to 15% tip	Parking rate + taxes				0.52		
Second Day	Conference Location		Room Service also requires detail receipt					0.52		
Third Day	Conference Location							0.52		
								0.52		
								0.52		
								0.52		
								0.52		
								0.52		
		Refer to memo for approved dates and times for Lodging and Meals						0.52		
								0.52		
Subtotals		Lodging Total	Meals Total	Parking Total	Subtotal	MILEAGE		Miles Driven Total	Mileage Total	

Approved Approval required if traveler is not an Official or Deputy Your Signature Subtotal Subtotal
 Elected Official or Deputy - Approval Signature Signature of Traveler
 By signing this form I certify I will not seek reimbursement elsewhere. Mileage Claimed Mileage Total
 Please submit form w9 if this is the Payee's first reimbursement Total Claimed Subtotal + Mileage Total