

HARRISON COUNTY NON - OVERNIGHT MEALS EXPENSE FORM

Person Request For: _____

Department: _____

Purpose for Travel: _____

County Line Item #: _____

DATE:	LOCATION (CITY):	AMOUNT: (IRS RATE)

Statement of Elected Official or Department Head

" The above named employee is hereby authorized to submit this advance travel expense form for the purpose stated hereon."

Signature of Elected Official or Department Head

*** All non-overnight travel expense for meals are paid through payroll.

This form is to be submitted with your timesheet/payroll