

HARRISON COUNTY TRAVEL EXPENSE FORM #2

Harrison County Employee Name: _____
 Department: _____
 Budget Line Item: _____
 Purpose of Travel: _____
 Destination: _____
 Departure Date: _____
 Return Date: _____

Meals: You may claim reimbursement for meals at the approved IRS Federal Per Diem rate as long as no per diem advance was received. Attach a copy of the seminar or conference agenda to this form.

Date:	Meal Receipts:	Daily Total:
Total Due:		

Lodging: Actual expenses for lodging will be paid. Receipts must be attached for reimbursement to be paid.

Date: (To & From)	Lodging: (Rate Per Day)	Daily Total:
Total Due:		

Travel and Transportation:		
Type of Travel:	Travel Expense:	Daily Total:
Airline, Bus, Train		
Personal Vehicle:	Miles 67 cents per mile	
Other Travel:		
Total Due:		
Other Expenses:		
Type of Expense:	Other Expense:	Daily Total:
Total Due:		

Total Travel Expense Form #2: _____
 Deduct Advance from Travel Expense Form #1: _____
 Amount of Reimbursement or due to Harrison County: _____

Statement of Harrison County Employee:
 "I certify that the expenses as shown on this form are true and correct statements of expenses incurred by me while traveling on official Harrison County business."

 Signature of Harrison County Employee

Statement of Elected Official or Department Head
 "I certify that the above named employee received proper authorization for official county travel. I have examined the request for reimbursement and recommend that same for payment."

 Signature of Elected Official/ Department head