



Travel Request for Reimbursement

TRINITY COUNTY

Reason for travel: _____

Travel date(s): _____

Name: _____

Title: _____

Department: _____

EXPENSES

All receipts must be attached

Claimant's Personal Auto: @ __.____ per mile	
Airfare:	
Meals:	
Lodging:	
Parking:	
Other:	
Total Expenses	
Total Travel Reimbursement Requested:	

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from any other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

Signature

Date