

LIBERTY COUNTY

Travel Expense for Transporting Prisoners Form

Name: _____ Date: _____

Name of Prisoner: _____ Case No: _____ Court: _____

Name of Prisoner: _____ Case No: _____ Court: _____

Description of Expenditure	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Total
Hotel (attach detailed bill)						
Parking						
Meals (attach receipts)						
Mileage (attach Mapquest) _____ mi X 70 cents						
Airfare						
Gas (attach receipts)						
Other (attach receipts)						

Total Expenditures	
Less: Advances	()
Due to Me	
Due to County	

CERTIFICATION: "I hereby certify that the above statement is true and correct and that these expenses where incurred by me while traveling on official Liberty County business."

Signature of employee: _____

Dept Head Approval: _____

ACCOUNTING USE

Acct # _____

Vendor # _____

Check # _____

Co Aud Approval: _____