



# Hutchinson County

## TRAVEL REIMBURSEMENT FORM

Person Submitting Report:		Department:	
Purpose of Travel:		Destination:	
Departure date:	Departure Time:	Return Date:	Return Time:

### MEALS EXPENSE SUMMARY

(NO RECEIPTS REQUIRED)

Description of Expenditure	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	TOTALS
Breakfast-\$10								
Lunch-\$15								
Dinner-\$25								
<b>TOTAL:</b>								

**NOTE: ENTER THE DOLLAR AMOUNT FOR EACH MEAL REQUESTED**

### LODGING, TRAVEL, TRANSPORTATION AND OTHER EXPENSES (attach receipts)

Registrations	(Attach copy of registration form)						
Lodging	(Attach copy of receipt showing days that were stayed)						
Mileage	Number of miles		@	\$		per mile	
Airline, Car Rental							
Other (Parking, Tolls, Misc):							
<b>TOTAL:</b>							

### TOTALS (ALLOWABLE COSTS)

Meals Expenses Summary Total		
Lodging, Travel, Transportation and Other Expense Total		
<b>Total Due Employee</b>		

### CERTIFICATION

**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 county business and I have not received reimbursement from any other source."

**OFFICIAL OR DEPARTMENT HEAD:** "I certify that the above named employee received proper authorization for official county travel. I have examined the request reimbursement and approve the same for payment."

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Official/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
GL Code:

**THIS FORM IS NOT TO BE USED FOR NON-OVERNIGHT BUSINESS MEAL REIMBURSEMENT.  
PLEASE ATTACH AGENDA/ITINERARY SHOWING WHAT COUNTY BUSINESS WAS CONDUCTED.**