

# TRAVEL EXPENSE REPORT

Page \_\_\_\_\_ of \_\_\_\_\_

Employee's Name		<b>SANDUSKY COUNTY DEPARTMENT OF JOB &amp; FAMILY SERVICES</b> <b>Classification (Circle One)</b>  <input type="checkbox"/> Administration <input type="checkbox"/> Income Maintenance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Services <input type="checkbox"/> Child Support
Home Address(Number,		
Street, City)		

ODOMETER							Date	Pt. of Departure	Pt. of Destination	A. Miles	B. Parking	Living Expenses		
												C. Meals	D. Lodging	E. Incidental
Arrive														
Depart														
Arrive														
Depart														
Arrive														
Depart														
Arrive														
Depart														
Arrive														
Depart														
Arrive														
Depart														

<b><u>TRAVELER'S CERTIFICATE</u></b>	<b>Column Totals</b>	<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
I certify that the statements made hereon are true, that the mileage listed was actually driven on County business, and that the expenses incurred were in accordance with State and County regulations. I also certify that I have liability insurance as required in ORC 4509.51.	I. Total Mileage (A) x \$.40 per mile					
	II. Total Other Expenses (B, C, D, E; required receipts attached)					
Employee Signature	Date	III. TOTAL (I + II)				

**Travel Expense Reimbursement Request – Non Taxable** (rev. 03-07)

Date(s) of Travel	1) Destination/City and Purpose (example: Columbus / Meeting) 2) <b>Must indicate overnight stay – list hotel</b> 3) List other employees in same auto	Meals for self (Breakfast, lunch, dinner) <b>If meal for another person, case number must be included.</b> Parking, turnpike fees, other expenses.	Amount
			\$
<b>ORIGINAL RECEIPTS, APPROVED TRAVEL REQUEST or RESOLUTION MUST BE ATTACHED</b>			
Employee Signature	Date	Supervisor Approval	Date

