Invoice Number _____
Expense Code_____
Expense Code_____

TRAVEL REPORT & REIMBURSEMENT REQUEST

Name_____ Date:_____

Department_____

Purpose of Trip_____

_____

Department Head Authorization Signature_____

Elected Official Signature_____ Approval #_____

EXPENSES:*Breakdown on reverse side.

Date								Totals
Breakfast								
Lunch								
Dinner								
Lodging								
Room Taxes								
Air Fare								
Rental Car								
Incidentals/ Misc*								

Mileage Reimbursement _____ x ___.70__= _____
(Miles Traveled) (Mileage Rate)

Total $_____

Please note that Cache County will pay room taxes that are itemized with an invoice.

ATTACHMENTS: (These items MUST be attached in order to be reimbursed)

- AGENDA AND/OR MEETING ANNOUNCEMENT and ALL ITEMIZED RECEIPTS

I hereby certify that the amount above is true and correct, and is legally due, and request is hereby made for the issuance of purchase order and/or that a warrant be drawn in payment thereof.

Signature _____Date_____

(Employee Signature)

MISC EXPENSES:

Date	Description	Amount