Revised 12/20/2023 EM

2024 Traverse County **OVERNIGHT** Expense Reimbursement Request

EMPLOYEE NAME:_____

MEETING/CONFERENCE/WORKSHOP ATTENDED:_____

DATE(S) OF MEETING/CONFERENCE/WORKSHOP:_____

LOCATION (CITY) OF MEETING/CONFERENCE/WORKSHOP:_____

ITEMIZED EXPENSES

RECEIPTS FOR ALL CLAIMED EXPENSES MUST BE ATTACHED

MEALS:

Date	City	Purpose for Travel	County Credit Card	Maximum Allowed: $40.00 A Day
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Total:	

LODGING:

NAME & ADDRESS OF HOTEL:_____

DATE(S) OF STAY:_____

COST PER NIGHT: $_____

TOTAL: $_____

MILEAGE:

_____MILES AT $.67 MILE = $_____

(Effective 1/1/2024 to 12/31/2024)

OTHER EXPENSES: (**RECEIPTS MUST BE ATTACHED.**)

EXPENSE DESCRIPTION: _____TOTAL: $_____

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TOTAL EXPENSES THIS MEETING/CONFERENCE/WORKSHOP: $_____

I certify that above-listed claims are true and correct and have not been paid previously.

_____

Employee Signature and Date

_____

Department Head (Supervisor) Signature and Date