Morgan County Employee Expense Voucher Report



Reimbursement voucher form is to be used for parking, mileage and meals only.

Reporting Period: The date, times, location and purpose of trip MUST be listed in order for reimbursement to be approved. NOTE: Names must be listed when requesting meal reimbursement for more than one person MEALS TOTAL TIME DATE DESTINATION PURPOSE DEPART RETURN MILES BREAKFAST DINNER PARKING REIMBURSEABLE LUNCH TOTAL MEALS & LODGING TOTAL MILEAGE X 0.37 TOTAL MILEAGE**

(** You can only claim \$0.50 if you asked for a County car and it was NOT available) (If you are claiming \$0.37, Vehicle Usage Forms MUST be attached)

X 0.50

VENDOR #	DHS ONLY	DHS ONLY		COUNTY	COUNTY	COUNTY
	STATE G/L #	STATE TOTAL	DESCRIPTION	SUBCODE	G/L #	TOTAL
DESCRIPTION						
VENDOR INV#						
INVOICE AMT						
INVOICE DATE						
antoide bitte						
INV DUE DATE						
						1

I, HEREBY, CERTIFY THAT THIS REPORT OF MY OFFICIAL TRAVEL	Prepared by	Date	
EMPLOYEE SIGNATURE:	DATE	Checked by	Date
DEPARTMENT APPROVAL:	DATE		
		Operator	Date