TRAVEL EXPENSE REPORT (Form TER01)

Requestor:	**Department:**	**Duty Post:**	**License Plate #:**
Completed Pre-Travel Authorization	☐ Yes ☐ No		**Driver's License #:**

Date	Travel From	Travel To	Elapsed Time Depart	Elapsed Time Arrive	Odometer Reading Start	Odometer Reading End	Mileage Total	Mileage $ 0.51	Meals (A)	Lodging	Transpor-tation (B)	Other Exp (C)	Total Expense
							0	$ -	$ -	$ -			$ -
							0	$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
								$ -	$ -	$ -			$ -
						1.Total Exp	0	$0.00	$ -	$ -	$ -	$ -	**$ -** **
						2. Less Cash Advances							$ -
						3. Less Amount Charged to County Credit Card							$ -
						4. Amount Due Individual / (Amount Due County)							**$ -**

These amounts were necessary in discharging the official business of the County; the distances for which I have specified above were actual miles traveled for County business; any amount advanced or charged or prepaid on the above trips is listed at the right. Under perjury, I declare that this claim has been examined by me and to the best of my knowledge is a true, correct, and valid claim.

(A) Meals: Breakfast, Lunch, and Dinner Not to exceed Daily Limit
(B) Transportation: examples; airfare, taxi, shuttle, bus, gas
(C) Other Expenses: examples; telephone, registration, misc.
Include explanations for (A), (B) and (C) on page 2 of 2.

Requestor Signature Date

Department Head / Elected Official Approval Date

County Manger Date

Finance Approval Date

Coding of Expenditures

GL Account Code	**Project Number**	**Amount**
	Total	- **

Revison Date: 7/10/2012

TRAVEL EXPENSE REPORT

Requestor Name:

Date	Purpose of Travel and/or explanation of Expenses