

**MEDINA COUNTY TRAVEL EXPENSE RECORD**

Revised 1/19

Employee Name \_\_\_\_\_ Department/Office \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Destination \_\_\_\_\_ Date(s) of Meeting \_\_\_\_\_

Purchase Order # (attach copy) \_\_\_\_\_ Date(s) of Travel \_\_\_\_\_

**PLEASE ATTACH ALL REQUESTED RECEIPTS IN ORDER TO FACILITATE YOUR COMPLETE REIMBURSEMENT**

**MILEAGE/PARKING COSTS:** \_\_\_\_\_ miles at .58¢ per mile ..... \$ \_\_\_\_\_

Names of other county employees traveling in same vehicle (if applicable) \_\_\_\_\_

Parking fees, gasoline, turnpike tolls (attach receipts) ..... \$ \_\_\_\_\_

**If any of the following costs are to be reimbursed,  
A COPY OF THE APPLICABLE AGENDA MUST BE ATTACHED:**

**ACCOMMODATION COSTS:** (attach receipts) ..... \$ \_\_\_\_\_

Names of other county employees staying in same hotel room (if applicable) \_\_\_\_\_

**MEAL COSTS:** Actual costs, per day, including maximum 15% tip, not to exceed the following limits:

	#		In-State	or	Out-of-State	#
Breakfasts	_____	X	\$ 7.00	or	\$10.00	\$ _____
Lunches	_____	X	\$ 10.00	or	\$15.00	\$ _____
Dinners	_____	X	\$ 15.00	or	\$20.00	\$ _____

**TOTAL MEAL RELATED COSTS:**

(attach itemized receipts and indicate on receipt, Breakfast, Lunch or Dinner) \$ \_\_\_\_\_

**OTHER TRAVEL EXPENSES:**

Cab or other transportation (attach receipts) ..... \$ \_\_\_\_\_

Rental car (attach receipts) ..... \$ \_\_\_\_\_

Air or other transportation ..... \$ \_\_\_\_\_

Registration fees (attach receipts) ..... \$ \_\_\_\_\_

Other (attach receipts) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES INCURRED AND TO BE REIMBURSED:** ..... \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Official Signature \_\_\_\_\_ Date \_\_\_\_\_