MEDINA COUNTY TRAVEL EXPENSE RECORD

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 .575¢ per mile . . . . . . $ __________

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

Parking fees, turnpike tolls (attach receipts if greater than $10) . . . . $ __________

Gasoline expense (attach receipts) . . . . . . . . . . . . . . . . . . . . . . . . . $ __________

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

ACCOMMODATION COSTS: (attach itemized receipts) . . . . . . . . . . . . . . $ __________

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

MEAL COSTS: NO MEALS WILL BE REIMBURSED WITHOUT AN APPROVED OVERNIGHT STAY.

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<tr>
<th></th>
<th>OUT OF STATE</th>
<th>IN-STATE</th>
<th>DAYS</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>Per Diem</td>
<td>$65.00</td>
<td>$42.00</td>
<td></td>
<td></td>
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<tr>
<td>First day of travel</td>
<td>$30.00</td>
<td>$25.00</td>
<td></td>
<td></td>
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<tr>
<td>Last day of travel</td>
<td>$15.00</td>
<td>$7.00</td>
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| TOTAL MEALS              |              |          |      | $ ______

OTHER TRAVEL EXPENSES: (Receipts required if greater than $10)

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| Cab, Uber, Lyft          |              |          |      | $ ______
| Rental car               |              |          |      | $ ______
| Air or other transportation |          |          |      | $ ______
| Registration fees        |              |          |      | $ ______
| Other                     |              |          |      | $ ______

TOTAL EXPENSES INCURRED AND TO BE REIMBURSED: . . . . . . . . . . . . . . . $ __________

Employee Signature ____________________________________ Date ___________________

Director/Official Signature ____________________________________________ Date _______________