

MEDINA COUNTY TRAVEL EXPENSE RECORD

Revised 1/20

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.

	<u>OUT OF STATE</u>	<u>IN-STATE</u>	<u>DAYS</u>	<u>AMOUNT</u>
Per Diem	\$65.00	\$42.00	_____	_____
First day of travel	\$30.00	\$25.00		_____
Last day of travel	\$15.00	\$7.00		_____
TOTAL MEALS \$				_____

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

Cab, Uber, Lyft or other Public transportation \$ _____

Rental car \$ _____

Air or other transportation \$ _____

Registration fees \$ _____

Other _____ \$ _____

TOTAL EXPENSES INCURRED AND TO BE REIMBURSED: \$ _____

Employee Signature _____ Date _____

Director/Official Signature _____ Date _____