

**MEDINA COUNTY TRAVEL EXPENSE RECORD**

Revised 1/23

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 0.655¢ 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          |             | _____         |

**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 \_\_\_\_\_