

TRAVEL EXPENSE REPORT

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NAME		TITLE		TUSCARAWAS COUNTY JOB & FAMILY SERVICES (Employing Agency)				
HOME ADDRESS (Number, Street)		CITY, STATE			ZIP			
DATE 20	DEPART Time	TRAVEL POINTS Point of Departure	ARRIVAL Time	a. Miles	b. Parking	LIVING EXPENSES (Itemize on back) c. Meals d. Lodging e. Other		
Attach required receipts and properly signed certificates of attendance when applicable.			COLUMN TOTALS	a.	b.	c.	d.	e.
TRAVELER'S CERTIFICATE I certify that the statements made hereon are true, that the mileage listed was actually driven on County business, and that the expenses incurred were in accordance with State and County regulations. I also certify that I have liability insurance as required by ORC 4509.51.								
		Signature of Traveler		Date		I. TOTAL mileage (a) _____ @ _____¢ / mile \$ _____		
		Supervisor's Approval Signature		Date		II. TOTAL other expenses (b, c, d, e) \$ _____		
		Report Approved by Director/Designee		Date		III. TOTAL (I, II) \$ _____		

REMARKS Purpose of travel if out-of-town and any other pertinent facts relative to travel. List announced beginning and ending time of workshop, meeting, etc.	ITEMIZATION Meals (breakfast, lunch, dinner) Lodging, Incidentals, Parking, Other Expenses DATE ITEMIZATION/EXPLANATION AMOUNT			MONTH/DATE	NAMES OF OTHERS TRAVELING IN SAME AUTO

TAPE RECEIPTS IN THIS SPACE, IF POSSIBLE: