

MEDINA COUNTY TRAVEL EXPENSE RECORD

Revised 6/11

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 \$.47 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:

| | # | | <u>In-State</u> | or | <u>Out-of-State</u> | \$ | # |
|------------|-------|---|-----------------|----|---------------------|----|-------|
| 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 _____