

Munis Vendor

Warrant #

MASON COUNTY - TRAVEL EXPENSE VOUCHER

Department Name:

Department Fund #:

BARS Line:

Name of employee incurring travel expenses while on County business:

Is a vendor other than the employee (credit card, hotel, etc) being paid on behalf of the employee?

YES NO

If YES, please provide the complete name of the vendor being paid:

COUNTY OF TRAVEL							
DATE(S) OF TRAVEL							TOTALS
MEAL	Breakfast	\$	\$	\$	\$	\$	
REIMBURSE	Lunch	\$	\$	\$	\$	\$	
	Dinner	\$	\$	\$	\$	\$	
DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER							
LODGING RECEIPTS:							
M I L E A G E	Beg. Odometer						
	End Odometer						
	Mileage x rate						
	Parking/Taxi						
	Fuel/Other						
MISC: LIST DETAILS							
TOTAL APPROVED AMOUNT							

REQUIRED: PLEASE ATTACH INFORMATION SHOWING CONF/MEETING DATES AND LOCATION:

PURPOSE OF TRAVEL	

ATTACH ALL REQUIRED RECEIPTS FOR LODGING, PARKING, FARES AND MISC EXPENSESState of Washington } SS
County of Mason }

Approved By: _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I hereby certify that I will refund to the County any payments or reimbursements received by me for the above stated expenses.

Title _____

Date _____

Is out of state travel approved? _____

if required:

Elected Official, Department Head or Board of Commissioners

Signed by employee requesting travel expense _____

Department _____

Date _____

Auditor's Financial Service certification:

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to certify to said claim.

by: _____

date: _____