

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 REIMBURSE	Breakfast	\$	\$	\$	\$	\$	
	Lunch	\$	\$	\$	\$	\$	
	Dinner	\$	\$	\$	\$	\$	

DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER

LODGING RECEIPTS:							0
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 EXPENSES

State of Washington } SS
County of Mason }

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.

Signed by employee+A17 requesting travel expense

Department

Date

Approved By: _____

Title Date

Is out of state travel approved? _____

if required:

Elected Official, Department Head or Board of Commissioners

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: _____