

SPARTANBURG COUNTY - TRAVEL EXPENSE REPORT

Name:				Department:				
Dates of Trip: From		TO		Location:				
Name or Purpose of Meeting:								
	Date	Date	Date	Date	Date	Date	Date	TOTAL
EXPENSES INCURRED:								
PERSONAL AUTO: (Miles Driven)								-
COST @ \$0.535 (as of 1/1/17) PER MILE:	-	-	-	-	-	-	-	-
OTHER TRANSPORTATION:								-
ROOM CHARGES								-
MEALS: BREAKFAST (including tips)								-
MEALS: LUNCH (including tips)								-
MEALS: DINNER (including tips)								-
REGISTRATION FEES: (must attach conference agenda)								-
TIPS: (cabs, bellhops, etc)								-
PARKING:								-
OTHER: (attach receipt)								-
TOTAL EXPENSES INCURRED:	-	-	-	-	-	-	-	-

***PLEASE NOTE: THERE MUST BE A RECEIPT ATTACHED FOR EVERY EXPENDITURE EXCEPT MEALS.**

ADVANCES, PREPAID EXPENSES, or Paid with County Credit Card:

Travel Advance: _____

Prepaid Registration Fee: _____

Prepaid Room Reservations: _____

TOTAL ADVANCES and Payments with County Credit Card: 0.00

NET AMOUNT DUE TO COUNTY **0.00**

I certify that the above listed expenses are true and correct.

CHARGE TO Dept.

Account

(Employee Signature)

(Department Head)

The above expenditures have been verified and the proper supporting documents are attached.

(Accounting Supervisor)

DATE: _____

(Finance Director)