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| **TRAVEL EXPENSE REPORT** |
| Page | 1 | of |   |   | Employee's Name |   | SANDUSKY COUNTY DEPARTMENT OF JOB & FAMILY SERVICES Classification (Circle One) |
|  |  |  |  |  | Home Address (Number, |   | ( )Administration ( ) Income Maintenance ( ) Food Stamps |
|  |  |  |  |  | Street, City) |   |  ( )Social Services ( )Child Support |  |  |   |
| ODOMETER | Date | Pt. of Departure | Pt. of Destination | A. Miles | B. Parking |   | Living Expenses |
| C. Meals | D. Lodging | E. Incidental |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| Arrive |   |   |   |   |  |   |   |   |   |
| Depart |   |   |   |   |   |   |   |   |   |   |   |   |
| **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 regulation. I also certifiy that I have liability insurance as required in ORC 4509.51 | **Column Totals** | **A.**  |  | **B.**  |  | **C.**  |  | **D.** |  | **E.**  |  |
| I. Total Mileage (A) x $0.67 per mile | $ |
| Employee Signature | Date | II. Total Other Expenses (B, C, D, E; required receipts attached) | $ |
| Supervisor Signature | Date | III. TOTAL (I + II) | $ |
|  |
| **Travel Expense Reimbursement Request** - Non Taxable (rev. 03-07) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date(s) of Travel | 1) Destination/City and Purpose (example: Columbus / Meeting)  **2) Must indicate overnight stay - list hotel** 3) List other employees in same auto | Meals for self (Breakfast, lunch, dinner)  **If meal for another person, case number must be included.** Parking, turnpike fees, other expenses. | Amount |
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| **ORIGINAL RECEIPTS, APPROVED TRAVEL REQUEST or RESOLUTION MUST BE ATTACHED** |
| Employee Signature | Date | Supervisor Approval | Date |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Meal Reimbursement Request -** Taxable |
| Employee Name | Employee Social Security Number | Sandusky Co. DJFS (circle one) |
| Admin PA CSEA CS |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date(s) of Travel | Destination/City and Purpose (example: Toledo / Training) | Meal for self (Breakfast, lunch, dinner) | Amount |
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| **ORIGINAL RECEIPTS MUST BE ATTACHED\*\*Credit Card Receipts Must Show Detail\*\*** | **TOTAL** | **$** | $0.00 |
| Employee Signature | Date | Supervisor Approval | Date |