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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 |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | |