

ALEXANDER COUNTY

TRIP SHEET

Revised 1/1/17

Name: _____

Vendor Number: _____

Department: _____

Date	Destination & Purpose	Total Mileage	Reimb. at \$0.535	County Vehicle Expense	Meal Reimbursement			Lodging	Other Travel Expense	Totals
					Breakfast Max \$8	Lunch Max \$12	Dinner Max \$25			

Employee Signature Date

Department Head Signature Date

Total Expenses	
Less Travel Advance	
Total Reimbursement to Employee	
Total Refund to County	

Allocation of Employee Reimbursement to Budget Line Items:
Travel Acct # (Org & Object) _____ Amount _____
Training Acct # (Org & Object) _____ Amount _____