

ALEXANDER COUNTY

TRIP SHEET

Revised 1/1/24

Name: _____

Vendor Number:

Department:

[illegible]

Employee Signature _____ Date _____

Date

Department Head Signature _____ Date _____

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
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Training Acct # (Org & Object)	Amount
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