## Travel Policy - Exhibit A

## ALEXANDER COUNTY TRIP SHEET

Name:	
Vendor Number:	
Department:	

		Total	Reimb.		Meal Reimbursement  Breakfast Lunch Dinner						
Date	Destination & Purpose				Max \$10			Lodging	Travel	Totals	
Date	Destination & Purpose	Mileage	at \$0.67	Expense	IVIAX \$10	IVIAX \$15	Wax \$50	Loaging	Expense	Totals	
			1								
			1								
			1								
Employee Signature Date			Total Expenses								
Employee oignature Date		Less Travel Advance									
								vee			
Department Head Signature Date		_	Total Reimbursement to Employee Total Refund to County								
- cpa		Date			. 5.0. 11010		,		1		
	Allocation of Employee Reimbursement to Budget Line Items:										
		Travel Acct # (Org & Object)						Amount			
				Training Acct # (Org & Object) Amount							