

MASON COUNTY - TRAVEL EXPENSE VOUCHER

Department Name: _____

Department Fund #: _____

BARS Line: _____

Name of employee incurring travel expenses while on County business: _____

Is a vendor other than the employee (credit card, hotel, etc) being paid on behalf of the employee? YES NO

If YES, please provide the complete name of the vendor being paid: _____

COUNTY OF TRAVEL							
DATE(S) OF TRAVEL							TOTALS
MEAL REIMBURSE	Breakfast	\$	\$	\$	\$	\$	
	Lunch	\$	\$	\$	\$	\$	
	Dinner	\$	\$	\$	\$	\$	
<u>DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER</u>							
LODGING RECEIPTS:							
M I L E A G E	Beg. Odometer						
	End Odometer						
	Mileage x rate						
	Parking/Taxi						
	Fuel/Other						
MISC: LIST DETAILS							
						TOTAL APPROVED AMOUNT	\$

<u>REQUIRED: PLEASE ATTACH INFORMATION SHOWING CONF/MEETING DATES AND LOCATION:</u>	
PURPOSE OF TRAVEL	_____

ATTACH ALL REQUIRED RECEIPTS FOR LODGING, PARKING, FARES AND MISC EXPENSES

State of Washington } SS
County of Mason }

Approved By: _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I hereby certify that I will refund to the County any payments or reimbursements received by me for the above stated expenses.

Title Date
Is out of state travel approved? _____

if required: _____
Elected Official, Department Head or Board of Commissioners

Signed by employee requesting travel expense

Department Date

Auditor's Financial Service certification:	
I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to certify to said claim.	
by: _____	date: _____