Travel Expense Voucher

Voucher No.

Name of Employee	Title	County Vehicle Available	Yes	No
Address	Department			
		For the Period:	to	

Date	Odometer LV.	Odometer Ret.	Total Miles	Destination	Reason for Travel	Lodging: Name of Hotel & Room Number	Lodging: Cash You Paid	Subsistence: Cash You Paid	Miscellaneous Expenses: Explanation	Miscellaneous Expenses: Cash	Total
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
										$0.00	$0.00
Total Mileage:			0							$0.00	$0.00
Total Mileage @ $.6525 per mile					Total:	$0.00			Total Expenses:		$0.00

2026 COE Mileage Allowance	0.6525	Mileage Allowance	$0.00
		Total Reimbursement Claimed	$ -

I certify that the statement and expenses claimed are correct, reasonable and were incurred in the performance of county duties.

Rev.: 01-01-2026

Employee Signature

Supervisor Signature