Print Form

ERIE COUNTY TRAVEL EXPENSE REPORT

Vendor Number _____ Name _____

Account Number _____ Destination _____

Purpose _____

Departure Date _____ Return Date _____

Departure Time _____ Return Time _____

Department _____

Expenses:

1. Commercial Transportation . . . . . _____
2. Local Transportation . . . . . _____
3. County Automobile (gas and oil) . . . . . _____
4. Meal Allowance ……... . . . . . _____

   Number of Quarter Days . ……..... . . . . _____

   - Number of Meals Included in Registration …….. _____

   Net Quarter Days …….. _____

Quarters

From:	To:	Number
12:01AM	06:00AM	1
06:01AM	12:00PM	1
12:01PM	06:00PM	1
06:01PM	12:00AM	1

Receipts are not required to be turned in.
Low $13.00 - High $16.25 per Quarter
Please refer to the Travel Expense Policy.

5. Companion Fee

   Name _____

   Address _____

   Phone Number _____

6. Companion and/or Clients Meal Allowance . . . . . _____

   (Receipts Required)

7. Lodging . . . . . _____
8. Advanced Mileage . . . . . _____

. Parking Fees/Turnpike Tolls . . . . . _____

9. Registration Fees . . . . . _____

   A. Total Expenses (add Lines 1 through 9) . . . . . .A. _____

   B. LESS Advance Check #_____, dated _____ . . . . . B. _____

   C. Total Amount DUE to Traveler, if Line A is LARGER that Line B . . . . . .C. _____

   D. Total Amount *RETURNED to County, if Line A is LESS that Line B . ….. _____

   *Receipt #_____ on amount returned.

I herby certify with my signature that the above expenses are a true and accurate accounting of those expenses actually incurred. I further certify that I will return to the County any reimbursements I receive from any other State or Federal agency for these expenses.

EMPLOYEE SIGNATURE _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

REPORT DUE WITHIN 72 HOURS OF RETURN FROM TRIP. PLEASE TURN INTO A / P.

Revised October 16, 2009