

# LIBERTY COUNTY

## Travel Expense Form

This form is for auditing purposes of travel expenses and for officials and employees seeking to receive a reimbursement of funds for business related travel. Proper completion of this form requires a detailed accounting of daily expenses. Incomplete forms are not accepted and will be returned to the official or employee.

### INSTRUCTIONS:

Complete and sign the following form in its entirety. If completing the form on a computer, you will not be allowed to print the form until all required fields are filled in. The original detailed hotel bill, the receipt for registration, a mileage guide (such as MapQuest), and all original receipts for other expenses related to the travel must be submitted with the form when applicable.

An accounting for each day of travel is required; this includes nightly hotel rates, parking, meals, and other expenses. Do not list travel totals in areas for daily records or the form will be returned.

**This form must be submitted to the County Auditor within ten(10) business days** after the official or the employee returns from the trip with all applicable documentation attached. Any money due to the county must be submitted to the County Treasurer's Office during this time and a copy of the deposit warrant included with the form.

Reimbursements due to the official or the employee will only be made after approval. A check will be issued and available for pick up the day after the County Auditor and the Commissioner's Court has approved the reimbursement.

**Failure to submit the required form and documentation to the County Auditor within ten(10) business days may result in disallowance of the expense and a salary offset of the official's or the employee's wages to satisfy the amount due.**



# LIBERTY COUNTY

## Travel Expense Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_ Destination: \_\_\_\_\_

Dates of Conference: From \_\_\_\_\_ To \_\_\_\_\_

	Dates:						
Description of Expenditure						Totals	
Hotel (attach detailed bill)							
Parking							
Meals 75% 1st & last days							
Mileage (attach Mapquest) _____ mi X 67 cents							
Registration Fees (attach receipts)							
Other (attach receipts)							
Total Expenditures							

**Form must be filled out completely. (Show daily charges)**

Less: Advance (  )

**Due to Me**

**Due to County**

CERTIFICATION: "I hereby certify that the above statement is true and correct and that these expenses were incurred by me while traveling on official Liberty County business."

Signature of employee: \_\_\_\_\_

Dept Head Approval: \_\_\_\_\_

**ACCOUNTING USE**

Acct # \_\_\_\_\_

Vendor # \_\_\_\_\_

Check # \_\_\_\_\_

Co Aud Approval: \_\_\_\_\_