

# LIBERTY COUNTY

## Travel Expense for Transporting Prisoners Form

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

Name of Prisoner: \_\_\_\_\_ Case No: \_\_\_\_\_ Court: \_\_\_\_\_

Name of Prisoner: \_\_\_\_\_ Case No: \_\_\_\_\_ Court: \_\_\_\_\_

Description of Expenditure	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Total
Hotel <b>(attach detailed bill)</b>						
Parking						
Meals <b>(attach receipts)</b>						
Mileage <b>(attach Mapquest)</b> _____ mi X 62.5 cents						
Airfare						
Gas <b>(attach receipts)</b>						
Other <b>(attach receipts)</b>						

Total Expenditures	
Less: Advances	(      )
<b>Due to Me</b>	
<b>Due to County</b>	

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

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

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

**ACCOUNTING USE**

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

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

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

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