

JEFFERSON COUNTY EXPENSE REIMBURSEMENT

Name: _____
print legibly

County vehicle available at time of travel? YES or NO (circle one)
 If YES and you used your own vehicle, please explain: _____

Date	Code	Destination	Description	GL Code	Miles To/From	Amount
TOTAL:						

CODES: Beginning 1/1/2023 mileage reimbursement is \$0.655/mile if NO county car available: otherwise \$0.22/mile

- 1) MILEAGE - no county car available (\$0.655 per mile x _____ miles = \$ _____)
- MILEAGE - my own vehicle/cnty car avail. (\$0.22 per mile x _____ miles = \$ _____)
- 2) MEALS **must include a Mapquest of route taken, address to address**
- 3) LODGING
- 4) MATERIALS AND SUPPLIES
- 5) OTHER - PLEASE SPECIFY: _____

- All expenses must be accompanied by itemized receipts** (ie: restaurant must show meal and drink consumed)
- When attending a seminar/conference - attach a copy of the registration or agenda reflecting the same dates as expenses**

I certify, under penalty of perjury that this voucher and the items included therein for payment are correct and just in all respects.

Employee Signature

Date

Department Head Signature

Date