Abbeville County

Travel Expense & Reimbursement

Name _____ Account Number _____

Department _____ Report Date _____

Month/Year		Location Where Expenses Incurred	Lodging	Meals			Misc Exp	Transportation				Total Expense For Day
										Private Car Use		
Date	Time			$8.00 *Breakfast*	$15.00 *Lunch*	$22.00 *Dinner*		Cost of Trans	Type Trans	Miles	0.555 Amount	
Subtotal												$ -

Business Purpose of Trip, Remarks, Detail, & Explaination of Misc Exp.

Lodging	
Meals	
Misc Exp	$ -
Mileage Reim	
Other Trans	
Sub Total	$ -
Less Advance	
	$ -

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling in the performance of my official duties. Any meals or lodging included in conference or convention registration fees have been deducted from this travel claim. This claim is true and correct in every material matter and conforms with the requirements of State Laws, County Ordinances, rules and regulations.

Type Transportion Codes
A = Airfare
C = County Owned Car (Gas Only)
T - Taxi or Other Public Trans

Employee Signature	Date	Department Head	Date
County Director	Date	Receipts must be attached for all expenses (including lodging), including meeting agenda showing dates and times.	