

COSHOCOTON COUNTY EXPENSE REPORT

Employee Name: _____ Travel Dates: _____

Department: _____ Purpose of Travel: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Due Employee	Total Due VISA
Lodging									
Hotels									
Meals (Gratuities not to exceed 20%) (Meal expense not to exceed \$35 per day)									
Breakfast									
Lunch									
Dinner									
Subtotal									
Mileage (Use of personal auto)									
Actual Miles									
Current IRS rate	.56	.56	.56	.56	.56	.56	.56		
Parking & Tolls									
Subtotal									
Transportation									
Airfare									
Taxis									
Auto Rental									
Gas									
Subtotal									
Other (List or Attach List)									
TOTALS									

Attach copies of all receipts and training verification, if applicable.

Employee Signature: _____ Date: _____

Authorized By: _____ Date: _____