Travel Policy - Exhibit A

ALEXANDER COUNTY

TRIP SHEET

Revised 1/1/10

Name: _____

Vendor Number: _____

Department: _____

Date	Destination & Purpose	Total Mileage	Reimb. at $0.50	County Vehicle Expense	Meal Reimbursement Breakfast Max $8	Lunch Max $10	Dinner Max $20	Lodging	Other Travel Expense	Totals

Employee Signature Date

Department Head Signature Date

Total Expenses	
Less Travel Advance	
Total Reimbursement to Employee	
Total Refund to County	

Allocation of Employee Reimbursement to Budget Line Items:

Travel Acct # (Org & Object) _____ Amount _____

Training Acct # (Org & Object) _____ Amount _____