

Mobile County Expense Report

Employee Name: _____

Travel Dates: _____

Department: _____

Travel Location: _____

Purpose of Travel: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
<input checked="" type="checkbox"/> Transportation								
Airfare								
Parking & Tolls								
Taxis								
Auto Rental								
Gas - Rental Car								
Gas - County Car								
<input checked="" type="checkbox"/> Lodging								
Hotel								
<input checked="" type="checkbox"/> Meals								
Meals and Tips								
<input checked="" type="checkbox"/> Other								
Registration								
List								
List								
Mileage - Personal Car	Record Actual Miles Driven Per Day							
Miles @ 0.535/Mi.								
Totals								
Comments: List names of business associates -(See Below)					1	Less Charged to Mobile County		
1					2	Less Employee Advances		
2					3	Less Other Paid Charges		
3					Due Employee			

Submitted by: _____
Date

Elected Official or Department Head Date

Approved: _____
County Administrator

- original itemized receipt required
- All claims for reimbursement of expenses incurred on behalf of business associates must include the name of the associate and the business purpose
- Attach Meeting Agenda