

# 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"/> <b>Transportation</b>								
Airfare								
Parking & Tolls								
Taxis								
Auto Rental								
Gas - Rental Car								
Gas - County Car								
<input checked="" type="checkbox"/> <b>Lodging</b>								
Hotel								
<input checked="" type="checkbox"/> <b>Meals</b>								
Meals and Tips								
<input checked="" type="checkbox"/> <b>Other</b>								
Registration								
List								
List								
<b>Mileage - Personal Car</b>	<b>Record Actual Miles Driven Per Day</b>							
Miles @ 0.535/Mi.								
<b>Totals</b>								
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					<b>Due Employee</b>			

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