

## HARRISON COUNTY TRAVEL EXPENSE FORM #1

**Harrison County Employee Name:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Purpose of Travel:** \_\_\_\_\_

*Note: In order to receive an advance on travel expenses, this form must be completed and submitted to the Harrison County Purchasing Department based on the Bill Cutoff Schedule provided by the Purchasing Department.*

ACTUAL LODGING		
Date:	Lodging (Verification of Amount Attached)	Daily Total:
<b>Purchase Order #:</b>	<b>Make Check Payable to:</b>	<b>Total Due:</b>

MEALS & INCIDENTAL EXPENSE (M&IE) PER DIEM		
Date:	Lodging (Verification of Amount Attached)	Daily Total:
<b>Purchase Order #:</b>	<b>Make Check Payable to:</b>	<b>Total Due:</b>

ESTIMATED TRAVEL AND TRANSPORTATION EXPENSE		
Type of Travel:	Estimated Travel Expense:	Total Due:
Airline, Bus, Train	Travel Estimate	
Personal Vehicle:	Miles 67 cents per mile	
<b>Purchase Order #:</b>	<b>Make Check Payable to:</b>	<b>Total Due:</b>

ESTIMATED OTHER EXPENSE		
Type of Expense:	Estimated Other Expense:	Total Due:
<b>Purchase Order #:</b>	<b>Make Check Payable to:</b>	<b>Total Due:</b>

**Statement of Elected Official or Department Head**

"The above named employee is hereby authorized to submit this advance travel expense form for the purpose stated hereon."

\_\_\_\_\_  
 Signature of Elected Official/ Department head