WAYNE COUNTY EXPENSE REPORT

NAME: _____ **DEPARTMENT**: _____
EMPLOYEE #: _____

TRAVEL REIMBURSEMENTS

APPROVING RESOLUTION # _____- _____

MILEAGE: (Mileage Rate to be Reimbursed:___)

Date(s)	From (City)	To (City)	Miles Traveled	Reimbursement
				0.00
				0.00
				0.00
				0.00
				0.00

DATE	REGISTRATION	HOTEL	PARKING	OTHER (Specify on receipt)	OTHER (Specify on receipt)

MEALS: *Meal limitations per day are as follows: Breakfast - $10.00 Lunch - $15.00 Dinner - $25.00*
(Meals NOT including an overnight stay are taxable to the employee and are processed through payroll)

DATE(S)	NON-TAXABLE REIMBURSEMENT	TAXABLE REIMBURSEMENT
		To Be Paid out of Appropriation Line

NON TRAVEL REIMBURSEMENTS

APPROVING RESOLUTION # _____- _____
(Special Event Reimbursements)

MILEAGE DUTY RELATED: (Mileage Rate to be Reimbursed___:)

Date(s)	From (City)	To (City)	Miles Traveled	Reimbursement
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

ALL OTHER REIMBURSEMENTS:

DATE	DESCRIPTION	AMOUNT
		0.00

I certify that I am authorized to travel on Wayne County business and that the statements made on this expense report are true, that the miles driven were driven on County business, that the reimbursed expenses are within approved travel, that I acknowledge possible IRS regulations and that I have automobile liability coverage.

TOTAL TAXABLE REIMBURSEMENT	TOTAL NON-TAXABLE REIMBURSEMENT
$ 0.00	$ 0.00

_____
Employee Signature Date

_____
Approved for payment by: Date