

TRAVEL EXPENSE REPORT		INSTRUCTIONS; See Section 5.11 of the County Administrative Manual			
MILW. CO. Form 1423 R27					
Employee Name (Last, First, MI)		Title		Emp Location (Bldg & Rm #)	
Resp Agency #	Resp Org Unit #	Destination (City, County and State)			Document Total
					\$ -
Start Date	Time	End Date	Time	Purpose of Trip	Travel Card # TER #

TYPE OF EXPENSE		TYPE OF ADVANCE				TOTAL
		TRAVEL CARD	PERSONAL	TREASURER	FED. FORFEIT.	
TRANSPORTATION (Attach ticket stub)	TYPE					
HOTEL (Attach ticket stub)	No. NIGHTS					
MEALS/INCIDENTAL EXPENSES						
REGISTRATION FEES (Attach paid receipt)						
TELEPHONE/FAX (Business only)						
TAXI/LIMOUSINE (Receipt required for any one-way fare over \$15.00)						
AUTOMOBILE RENTAL (Attach vendor's receipted invoice)						
OTHER EXPENSE (Attach receipts)						
TOTAL EXPENSE ▷		\$ -			\$ -	\$ -
LESS ADVANCE(S)		\$ -	\$ -	\$ -	\$ -	\$ -
AMOUNT DUE EMPLOYEE IF EXPENSE EXCEEDS ADVANCE ▷						
AMOUNT DUE FROM EMPLOYEE IF ADVANCE EXCEEDS EXPENSE ▷		\$ -	\$ -	\$ -	\$ -	\$ -

DEBIT/CREDIT ALLOCATION (for use by business office only)

Line #	Agcy	Org Unit	Approp	Activity	Function	Object	DOLLAR
(R)	(R)	(R)	Unit	(4)	(4)	(R)	AMOUNT
(2)	(3)	(4)	(6)	(4)	(4)	(4)	
	400					6812	

CERTIFICATION

I hereby certify that the above expenses were incurred on County business and are correctly stated. I further certify that if I am being reimbursed for the use of my private automobile, I carry minimum liability insurance coverage of \$100,000/\$300,000/\$50,000 or a combined single limit of bodily injury and property damage of \$250,000 in any one accident, and said insurance is in force and that at the time of the trip I had a valid vehicle driver's license. I certify any reimbursements received for travel expenditures of County funds will be submitted to the County.

EMPLOYEE SIGNATURE _____

DATE: _____

SUPERVISOR SIGNATURE _____

DATE: _____

DEPARTMENT CARD COORDINATOR _____

DATE: _____