

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.



Finance Director

COUNTY OF CURRITUCK TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Employee's Name: _____
Department: _____
Hotel/Motel Staying in: _____ NC County: _____

Date	From City	To City	Number of Miles	\$0.70 Amount	Meals	Room & Other Expenses	Reason for Travel
	Leave Time	Arrive Time			B L D		
	Leave Time	Arrive Time			B L D		
	Leave Time	Arrive Time			B L D		
	Leave Time	Arrive Time			B L D		
	Leave Time	Arrive Time			B L D		
	Leave Time	Arrive Time			B L D		
Page 1 Totals							
Page 2 Totals							

Grand Total
Travel Advance Amount
Total Reimbursement Requested

I hereby certify that the distances for which charges are made in this statement have been necessarily traveled and that expenses for which reimbursement is claimed were incurred in the service of the County.

Approved by: _____
Department Head/Supervisor Signature

Traveler's Signature

Date

Account Number

Date	From	To	Number of Miles	\$0.70 Amount	Meals	Room & Other Expenses	Reason for Travel
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		
	City	City			B		
	Leave Time	Arrive Time			L		
					D		