

**Local Health Department
TRAVEL EXPENSE VOUCHER**

Mo	
Year	
Total Miles	

Report Area	General Ledger	Minor Object	Function	Amount
Grand Total				

Department Name _____ Department No. _____
 Employee Name _____ Social Security No.

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 Official Work Station _____ Home Address _____

MO.	DAY	Time of Departure	Time of Return	Locations	Private Auto Miles	Private Auto Amt.	Toll or Parking	Lodging	Tips	Subsistence	Report Area	Function Code	Totals
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
				From _____ To _____						B _____ L _____ D _____			
Purpose _____													
					Total this Page								

I hereby certify that all items of expense listed heron were incurred in the discharge of official duties, that they are proper charges against public funds and that all date furnished herewith is true and correct.

Signature of Employee _____ Approved By _____ Date _____

Signature of Supervisor _____ Approved By _____ Date _____

Total from Back Page and Additional Pages	
Total Paid Employee	