OSCEOLA COUNTY
TRAVEL EXPENSE VOUCHER

COUNTY DEPARTMENT _____

DATE SUBMITTED _____
PERIOD COVERED:

NAME & TITLE OF INDIVIDUAL _____

FROM _____ TO _____

HOME ADDRESS (CITY) _____

ACCOUNT #'s _____

DAY OF MTH	DESCRIPTION	PRIVATE AUTOMOBILE				CAR RENTAL, AIR, RAIL, CAB OR BUS FARE	HOTEL OR ROOM	MEALS	PER DIEM	OTHER EXPENSES	DAILY TOTALS	
		INCOME REPORTABLE MILES	TOTAL AMOUNT FOR INCOME REPORTABLE MILEAGE	REGULAR REIMBURSABLE MILES	TOTAL REGULAR AMOUNT							
	SUBTOTALS											
							TOTAL AMOUNT OF VOUCHER =					

I HEREBY CERTIFY ALL ITEMS OF EXPENSE INCLUDED IN THIS STATEMENT WERE INCURRED IN THE DISCHARGE OF AUTHORIZED OFFICIAL BUSINESS; THE AMOUNTS ARE CORRECT AND THEY REPRESENT PROPER CHARGES AGAINST THE COUNTY.

NATURE OF OFFICIAL BUSINESS: _____

INDIVIDUAL'S SIGNATURE: _____

APPROVAL SIGNATURE: _____
(Board Chairperson)

Revised 03/05/12