

FRANKLIN COUNTY FISCAL COURT  
TRAVEL AND EXPENSE REIMBURSEMENT VOUCHER

Employee Name		Department Expense	
		___ Executive	___ Fire
		___ Magistrate	___ Occupational
Title	Cost Category	___ Treasurer	___ Jail
		___ Planning	___ Road
		___ Solid Waste	___ Other _____
Employee Work Station		Employee Residence Address	

Name	Address	Amount

TRIP DATA			AUTO, LODGING, & MEALS					
DATE	TIME OF		LOCATION one way ___ round trip ___ From: To:	Private Auto Miles	Tolls & Parking	Lodging	Subsistence	Totals
	DEPART	RETURN						
							B L D	

PURPOSE \_\_\_\_\_

DATE	TIME OF		LOCATION one way ___ round trip ___ From: To:	Private Auto Miles	Tolls & Parking	Lodging	Subsistence	Totals
	DEPART	RETURN						
							B L D	

PURPOSE \_\_\_\_\_

DATE	TIME OF		LOCATION one way ___ round trip ___ From: To:	Private Auto Miles	Tolls & Parking	Lodging	Subsistence	Totals
	DEPART	RETURN						
							B L D	

PURPOSE \_\_\_\_\_

DATE	TIME OF		LOCATION one way ___ round trip ___ From: To:	Private Auto Miles	Tolls & Parking	Lodging	Subsistence	Totals
	DEPART	RETURN						
							B L D	

	Totals for this side						
	Total mileage		rate based on current state travel rate				

Employee Signature	Date		
Supervisor Approval	Date	Other Expenses	
County Judge/Executive or Deputy	Date	Other Payee	
		Employee Reimbursement	

