

## 2026 Traverse County **OVERNIGHT** Expense Reimbursement Request

EMPLOYEE NAME: \_\_\_\_\_

MEETING/CONFERENCE/WORKSHOP ATTENDED: \_\_\_\_\_

DATE(S) OF MEETING/CONFERENCE/WORKSHOP: \_\_\_\_\_

LOCATION (CITY) OF MEETING/CONFERENCE/WORKSHOP: \_\_\_\_\_

### ITEMIZED EXPENSES RECEIPTS FOR ALL CLAIMED EXPENSES **MUST** BE ATTACHED

MEALS:				Maximum Allowed:
Date	City	Purpose for Travel	County Credit Card	\$60.00 A Day
			Y/N	
			Y/N	
			Y/N	
			Y/N	
<b>Total:</b>				

**LODGING:**

NAME & ADDRESS OF HOTEL: \_\_\_\_\_

DATE(S) OF STAY: \_\_\_\_\_

COST PER NIGHT: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**MILEAGE:**

\_\_\_\_\_ MILES AT \$.725 MILE = \$ \_\_\_\_\_  
(Effective 1/1/2026 to 12/31/2026)

**OTHER EXPENSES: (RECEIPTS MUST BE ATTACHED.)**

EXPENSE DESCRIPTION: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

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TOTAL EXPENSES THIS MEETING/CONFERENCE/WORKSHOP: \$ \_\_\_\_\_

I certify that above-listed claims are true and correct and have not been paid previously.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Department Head (Supervisor) Signature and Date