

COSHOCKTON COUNTY

EXPENSE REPORT

Employee Name: _____

Travel Dates : _____

Department : _____

Purpose of Travel: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Lodging								
Hotels								
Meals (Not to exceed \$35 per day)								
Breakfast								
Lunch								
Dinner								
Total								
Mileage (Use of personal auto)								
Actual Miles								
Rate per Mile	.50	.50	.50	.50	.50	.50	.50	---
Subtotal								
Parking & Tolls								
Total								
Transportation								
Airfare								
Taxis								
Auto Rental								
Gas								
Total								
Other (List or Attach List)								
Total Due Employee								

Attach copies of all receipts and copy of Commissioner's Approval Form.

Employee Signature: _____ Date: _____

Authorized By : _____ Date: _____