

Vendor # \_\_\_\_\_

Form T-102

McDowell County  
Travel Reimbursement Request and Expense Report

Date of this Report \_\_\_\_\_ Line Item \_\_\_\_\_

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Travel Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
(IMPORTANT: Attach all receipts and/or invoices applicable to report.)

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTALS
Dates Traveled								
Fares To/From Destination								
Lodging								
Meals - Bkfst								
Lunch								
Dinner								
Flat Rate								
Transportation at Destination								
Registration								
Telephone								
Mileage - Miles								
-Amount								
Other Expense								
TOTALS								

Total Expense of Trip \$ \_\_\_\_\_

Less Cash Advanced \$ \_\_\_\_\_

Balance Due County \$ \_\_\_\_\_

Balance Due Employee \$ \_\_\_\_\_

I hereby certify that the foregoing travel expenses were incurred in the conduct of County business.

\_\_\_\_\_  
Employee Date

I have examined this reimbursement request and certify that it is just and reasonable.

Approved: \_\_\_\_\_  
Dept. Head Date