

PITTSYLVANIA COUNTY
BOARD OF SUPERVISORS
ACCOUNTING DEPARTMENT

TRAVEL/TRAINING
EXPENSE/REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

DEPARTMENT: _____

1. PURPOSE OF TRAVEL/TRAINING: _____

2. GEOGRAPHIC LOCATION: _____ DATE: _____

4. EXPENSE ADVANCE CHECK NO.: _____ AMOUNT: \$ _____

5. ITEMIZE ALL EXPENSES CLAIMED (ATTACH RECEIPTS)

A. LODGING \$ _____

B. FOOD _____

C. MILEAGE (_____ MILES x .585) _____

D. REGISTRATION FEES _____

E. TOLLS, PARKING, ETC. _____

F. OTHERS (SPECIFY) _____

TOTAL EXPENSES CLAIMED: \$ _____ \$ _____

A. DUE TO EMPLOYEE _____

IF DUE, WHAT ACCOUNT LINE? _____

B. REIMBURSE COUNTY \$ _____

SIGNATURE OF EMPLOYEE: _____ DATE: _____

TRAVEL APPROVED:

DEPARTMENT HEAD: _____

6. THIS ACKNOWLEDGES EXPENSE REIMBURSEMENT TO THE COUNTY IN THE
AMOUNT OF \$ _____.

RECEIVED BY: _____ DATE: _____