

# MASON COUNTY - TRAVEL EXPENSE VOUCHER

<b>Department Name:</b>	
<b>Department Fund #:</b>	
<b>BARS Line:</b>	
Name of employee incurring travel expenses while on County business:	
Is a vendor other than the employee (credit card, hotel, etc) being paid on behalf of the employee?	
If YES, please provide the complete name of the vendor being paid:	

COUNTY OF TRAVEL						
DATE(S) OF TRAVEL						TOTALS
MEAL REIMBURSE	Breakfast					
	Lunch					
	Dinner					

**DETAILED FOOD RECEIPT MUST BE ATTACHED TO THIS VOUCHER**

LODGING RECEIPTS:						
MILEAGE	Beg. Odometer					
	End Odometer					
	Mileage x rate					
	Parking/Taxi					
	Fuel/Other					
<b>MISC: LIST DETAILS</b>						

**TOTAL APPROVED AMOUNT**

<b>REQUIRED: PLEASE ATTACH INFORMATION SHOWING CONF/MEETING DATES AND LOCATION:</b>	
<b>PURPOSE OF TRAVEL</b>	

**ATTACH ALL REQUIRED RECEIPTS FOR LODGING, PARKING, FARES AND MISC EXPENSES**

State of Washington } SS  
 County of Mason }

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I hereby certify that I will refund to the County any payments or reimbursements received by me for the above stated expenses.

\_\_\_\_\_  
 Signed by employee requesting travel expense

\_\_\_\_\_  
 Department Date

**Approved By:** \_\_\_\_\_

\_\_\_\_\_  
 Title Date

Is out of state travel approved? \_\_\_\_\_

if required:

\_\_\_\_\_  
 Elected Official, Department Head or Board of Commissioners

<b>Auditor's Financial Service certification:</b>	
I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Mason County, and that I am authorized to certify to said claim.	
<b>by:</b>	<b>date:</b>