Warren County Travel Voucher

Department: _____

Code(s): _____
_____
_____
_____

Vendor #
Name
Address

.58.5/mil ***mileage reimbursement rate effective Jan 1, 2022***

Date	Purpose of Travel	From	To	Starting Odometer	Ending Odometer	Total #	Total $$
				Total Travel $			

Date	Description	Amount
	(Meals, tolls, parking)	
	TOTAL EXPENSES	$0.00

I hereby certify that the travel indicated was necessary on official business, and that the information given is complete and correct.

Traveler/driver signature:

_____ _____
Date Signature

(Note: Any receipts must be attached to expense form, including itemized meal receipts)

Documents executed, scanned and transmitted electronically and electronic signatures shall be deemed original signatures for purposes of this voucher and all matters related thereto, with such facsimile, scanned and electronic signatures having the same legal effect as original signatures.

Department Approval

Approved by:

_____ _____
Date Signature

Approval for payment:

This claim is approved and ordered paid from the appropriations indicated above.

_____ _____
Date Warren County Auditor