

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

TRAVEL EXPENSE REPORT	FORM 28 PAGE 1 OF 1
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Employee: _____ Date: _____

Resolution #: _____ Dated: _____ (copy attached hereto)

To the County Auditor, Miami County, Ohio:

The following is a true statement of the necessary expenses relative to the attached Requisition For Expense Request:

DATE	HOTEL	MEALS	TRANSPORTATION	*MILEAGE REIMBURSEMENT	PARKING/TOLLS	PHONE	REGISTRATION	OTHER
TOTAL								

*Mileage Reimbursement = Total Miles _____ x _____ ¢/mile = Mileage Reimbursement

Total Expenses _____

Employee Signature

Department Head

Date

Approved/Not Approved (circle one)