HERTFORD COUNTY
TRAVEL REIMBURSEMENT FORM

_____ Employee

_____ Vendor #

_____ Department

_____ Code

Month of _____, 20 _____

Date	Destination	Out of Pocket Expenses Description of Travel	Miles	Total Expenses
			Total Other Pages	
			Advance Amount	
			Amount Due/Refund	

I hereby certify that the distance for which charge is made in this statement has been necessary travel and that expenses for which reimbursement is claimed were incurred in the service of Hertford County.

_____ Signature of Traveler

_____ Finance Officer

_____ Department Head

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY THE LOCAL GOVERNMENT BUDGET AND FISCAL CONTROL ACT.