

# Travel Expense Request

Auditor's Number: \_\_\_\_\_

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

Convention, Meeting, Etc.: \_\_\_\_\_

Location: \_\_\_\_\_ Reason: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

Employees Attending: \_\_\_\_\_ (List Names)

Account: \_\_\_\_\_

## Estimated Expenses:

Hotel \_\_\_\_\_

Food \_\_\_\_\_

Mileage \_\_\_\_\_

Registration \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

Dept Head Approval: I affirm that this expense request is being submitted within the limits and provisions of the County Travel Policy.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

AUDITOR'S CERTIFICATE OF FUNDS (ORC 5705.41D)  
I hereby certify that the money required to meet the foregoing contract, agreement or obligation, in the sum of \$ \_\_\_\_\_ has been lawfully appropriated, authorized or directed for such purpose and is in the process of collection to the credit of the \_\_\_\_\_ fund, free from any previous encumbrances.

By: \_\_\_\_\_

Deputy Auditor

The Geauga County Board of Commissioners authorized the estimated expense for the above request in action by motion in their session on \_\_\_\_\_, \_\_\_\_\_, Journal No. \_\_\_\_\_.

Original: Above Department

Copy: Auditor

Copy: Commissioner

\_\_\_\_\_  
Clerk, Geauga Co. Bd. of Commissioners

## Actual Expenses:

Hotel \_\_\_\_\_ Departure Date \_\_\_\_\_

Food \_\_\_\_\_

Mileage \_\_\_\_\_ Departure Time \_\_\_\_\_ am / pm

Registration \_\_\_\_\_ Return Date \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_ Return Time \_\_\_\_\_ am / pm

Original receipts must be attached to this statement. Any extraordinary expense must be explained on this form.

I hereby certify the actual expenses to be correct:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Approved by: \_\_\_\_\_

Partial Payment

Final Payment