

DEKALB COUNTY GOVERNMENT Employee: _____

TRAVEL EXPENSE REIMBURSEMENT CLAIM Department: _____

Social Security No: _____ / _____ / _____

DATE	DESTINATION		TRAVEL		MEALS* (Receipts Required)				LODGING* (Receipts Required)	MISCELLANEOUS*		TOTAL
	From	To	Miles	Cost	B	L	D	Total Cost	Cost	Explanation	Cost	
TOTAL												

* Expenses incurred must have receipts attached to this form.

Total Amount of Travel Expenses (as shown above)	\$
Less Travel Advance Received (if any)	- \$
Amount Due Employee	\$
Amount Due the County of DeKalb (Make claim/check payable to "Treasurer's Travel Advance Account" - Vendor No. 627)	\$

I certify that the foregoing expenses were incurred for the travel previously approved on the reverse side and that no other reimbursement has been or will be received for those expenses.

Department Head's Signature _____ Date _____ Employee's Signature _____ Date _____