

HERTFORD COUNTY

Date Expense Incurred: _____ Submitted By: _____

Departure Date: _____ Time of Departure: _____

Nature of Business: (Explain Briefly) _____

Details of Expenses

Room:

Vendor # _____

Account # _____

Room Total _____

Registration:

Vendor # _____

Account # _____

Address: _____

Registration Total _____

Travel:

_____ miles at \$.48 per mile

Travel Total _____

Per Diem:

Vendor # _____

Number of Days _____ at \$41.00 per day

(Out of State) _____ at \$65.00 per day

Per Diem Total: _____

PAGE TOTAL _____

* * * * *

Date Submitted: _____

Supervisor/Department Head: _____

Finance Department: _____

This instrument has been pre-audited in the manner required by the local government budget and fiscal control act.