Fauquier County Expense Accounting/Reimbursement Request

DAILY TRAVEL

Within thirty (30) calendar days of travel, complete the following expense/reimbursement detail, attach required receipts, and submit to Accounts Payable.

Requesting Employee: _____

Vendor # _____
(Not employee ID)

Mailing Address _____

Department Name _____

General Ledger Code _____

Total Expenditures

	Acct. Code	Date(s)	Amount
Meals	2811	List details on page 2	$ -
Mileage (daily)	5510	List details on page 2	$ -
Parking, tolls	5510		
Other (provide specifics in Account Code and Date columns)			
		Total Expenses	$ -

Employee Signature/Date _____

Reimbursement Approval

Dept. Head/Constitutional Officer Approval

Signature _____

Date _____

Daily Travel Expense Reimbursement Request - Page 2

Date	Mileage for Daily Travel or Meeting Include origin, destination, and purpose	Miles
	Total Miles	0
	Reimbursement rate per mile (effective 1/1/2015):	$ 0.575
	Mileage Reimbursment	$ -

Meals Detail (Taxable reimbursement made through Payroll)			
Date	**Breakfast ($10)**	**Lunch ($12)**	**Dinner ($23)**