SULLIVAN COUNTY, TENNESSEE

IN-COUNTY TRAVEL CLAIM FORM

Employee Name: ____________________________________ **Job Title:** ____

For the Period From ______________ **To** _______________ **Vendor No.:** ____

Fund: ___________ **Department:** _____________________ **Account Code:** ______________ **Object Code:** ____________

Date	Place Left	Place Arrived	Miles	Mileage Amount	Total	Reason for Travel
		Totals:				
		Balance Due Claimant:				

Name: ____

SSN: ____

Address: ____

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Date of Previous Claim: _________________________________

I certify that this claim is true and correct in accordance with travel regulations.

Signature: ____

Approved by: ____

************ FOR ACCOUNTS AND BUDGETS USE ONLY ************

Approved by: ____ **Date:** _______________________