SULLIVAN COUNTY, TENNESSEE
CLAIM FOR TRAVEL EXPENSES

Fund:	**Dept:**
Acct. Code:	**Obj. Code: 355**
Vendor No.:	

For the period:

From: _____

To: _____

Date	Place Left	Time Left	Place Arrived	Time Arrived	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL
					Miles	Mileage Amount	Airline / Other	Taxi / Limo	Lodging	Breakfast	Lunch	Dinner	Itemized, Attach Receipts' and Explain	
						-								
						-								
						-								
						-								
						-								
						-								
						-								
						-								
						-								
						-								
						-								
TOTALS →					0	-			-			-		-
LESS: CHARGES ON COUNTY CREDIT CARDS →									-					-
BALANCE DUE CLAIMANT →						-						-		-

Name: _____

Address: _____

Time left & time arrived must be completed for meals claimed.

FILE THE ORIGINAL FOR REIMBURSEMENT

Additional Explanation: _____

FOR FINANCE DEPARTMENT USE ONLY

Approved by: _____ **Date:** _____

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

Amt. due Claimant $ -

Amt. due County $

_____
Signature **Date**

_____
Department Head / Committee Chairman **Date**

Out-of-County