

DARLINGTON COUNTY TRAVEL FORM

Name: _____ Position: _____ Supervisor's Approval: _____ Signature: _____

Department: _____ Administrator's Approval: _____ Travel Destination: _____

Reason For Travel: _____

Transportation:

Air: _____ County Vehicle: _____ Personal Vehicle: _____ Rental: _____

Date	Transportation Cost				Substinance		Miscellaneous			
	Mileage	Tolls	Car Rental	Other	Lodging	Meals	Itemized Expenses	Cost	Registration	Daily Total

TOTAL EXPENSES _____

ADVANCED PAYMENT: _____ DATE: _____ CHECK#: _____

REFUND TO COUNTY: _____

REIMBURSEMENT TO EMPLOYEE: _____