



COUNTY OF MENARD

TRAVEL REQUEST

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Employee

Date

BUDGET CODE: _____

PURPOSE OF TRIP: _____

DATE(S) OF TRIP: _____ NUMBER OF DAYS _____

DESTINATION CITY: _____

MILEAGE _____ X RATE (\$.655) = _____
(<https://www.gsa.gov/travel/plan-book/per-diem-rates>)

MEAL(S) CLAIM (PER DIEM \$59.00): _____

HOTEL CLAIM: _____

TOTAL TRAVEL CLAIM: _____

PLEASE NOTE: ALL REIMBURSEMENT CLAIMS REQUIRE RECEIPTS.

It is the policy of Menard County that employees will be reimburse for necessary and reasonable expenses incurred I the authorized conduct of county business subject to the Menard County Travel Leave/Reimbursement Policy in the Menard County Employee Handbook.

PLEASE NOTE: THESE ARE ONLY YOUR OUT-OF-POCKET EXPENSES FOR WHICH YOU ARE SEEKING REIMBURSEMENT.

I hereby certify that this statement is true and correct.

Department Head Signature

Date

Employee Signature

Date