



DELAWARE COUNTY ACCOUNTABLE FRINGE BENEFIT PLAN OVERNIGHT CONFERENCE/TRAINING REIMBURSEMENT FORM

NAME: _____

DEPT: _____

MILEAGE @ _____ PER MILE
ODOMETER READING TRIP
START FINISH MILES

DATE	PURPOSE	MEALS			TRAVELING				FROM	TO	MILEAGE @ _____ PER MILE		TRIP MILES
		B	L	D	P.D.	AIRFARE	HOTEL	OTHER			ODOMETER READING START	ODOMETER READING FINISH	
TOTALS:													TOTAL MILES:

TOTAL MILEAGE:

TOTAL TRAVELING:

TOTAL MEALS:

GRAND TOTAL:

CERTIFICATION: I CERTIFY THAT THE STATEMENT MADE HEREIN IS TRUE AND THE MILEAGE LISTED WAS ACTUALLY DRIVEN AND OTHER EXPENSES WERE INCURRED ON OR FOR OFFICIAL DELAWARE COUNTY BUSINESS.

EMPLOYEE SIGNATURE: _____ DATE: _____

** ATTACH APPROPRIATE ORIGINAL, ITEMIZED RECEIPTS. SUPERVISOR SIGNATURE: _____ DATE: _____

*** IN LIEU OF ODOMETER READING, YOU MAY ATTACH A PRINTOUT FROM GOOGLE MAP.