



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

NAME: _____

DEPT: _____

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

SUPERVISOR SIGNATURE: _____ DATE: _____

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