



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

**NAME:** \_\_\_\_\_

**DEPT:** \_\_\_\_\_

DATE	PURPOSE	MEALS			TRAVELING			FROM	TO	MILEAGE @ _____ PER MILE		TRIP MILES
		B	L	D	P.D.	AIRFARE	HOTEL			OTHER	ODOMETER READING	
<b>TOTALS:</b>												

<b>TOTAL MILEAGE:</b>	
<b>TOTAL TRAVELING:</b>	
<b>TOTAL MEALS:</b>	
<b>GRAND TOTAL:</b>	

**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.**