GRANT COUNTY

Employee Expense Report for : _____

Effective 1/1/2020

Employee:

Vendor #:

		Location		Time			Meals (overnight travel only)			Other
Date	**Purpose**	**From**	**To**	**Left**	**Returned**	**Miles**	**Breakfast**	**Lunch**	**Dinner**	**Expenses**
	TOTALS					-	$ -	$ -	$ -	$ -

x $ 0.575

TOTAL MILEAGE $ -

GRAND TOTAL **$ -**

Signature _____

Date: _____

Distribution:

phone	-225		mileage	-332	$ -
expenses	-318		meals	-335	
postage	-311				
registration	-325		lodging	-336	