Allegany County Government
Expense Report

Name:	Date:
Address:	

A) TRAVEL EXPENSES

Transportation

DESTINATION	DATE	MILEAGE	TOTAL
From: To:			
From: To:			
From: To:			
From: To:			
TOTAL AMOUNT (A):			0

B) DAILY EXPENSES

ITEM	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	TOTAL
Lodging								0
Breakfast								0
Lunch								0
Dinner								0
Parking/Tolls								0
Tips								0
Total	0	0	0	0	0	0	0	0
Other Information (Please Specify):								
TOTAL AMOUNT (B):								0

REASON FOR EXPENSES:	TOTAL AMOUNT (A+B)
	0

HAS ANY MONEY BEEN ADVANCED FOR TRAVEL? ( )YES ( )NO IF SO, HOW MUCH?	For Finance Office Use Only:	
	Charge to Account #:	
Dept. Head Approval:		NET AMOUNT
Employee Signature:		

ATTACH BILLS TO THIS REPORT & SUBMIT TO THE FINANCE OFFICE