Sumner County Government
Travel and Expense Report (Attachment A)

Reason for Travel: _____

Employee: _____

Department: _____
Period: _____ to _____

This form is to be prepared in accordance with the Sumner County Government Travel and Expense Reimbursement Policy.

DATE	PLACE DEPARTED	TIME OUT	PLACE ARRIVED	TIME IN	TRANSPORTATION			LODGING	PER DIEM	OTHER EXPENSES	TOTAL
		AM/PM		AM/PM	MILES	.535 per mile	AIRFARE	EXPENSES	1ST & LAST DAYS=3/4	ATTACH RECEIPTS	
	.										
TOTALS											

_____
Employee Signature and Date

_____
Department Head Signature and Date