

Sumner County Government
Travel Form (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	.585 per mile	AIRFARE	EXPENSES	1 ST & LAST DAYS=3/4	ATTACH RECEIPTS	
TOTALS											

Employee Signature and Date

Department Head Signature and Date