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| SANILAC COUNTY COMMUNITY MENTAL HEALTH TRAVEL VOUCHER | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Employee Position Period Covered  From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home address (city) | | | | | | | | |
| Day of Month | Description | Private Automobile  Amount Miles | | Cab/Bus Fares | Hotel or Room | Meals | Other | Total |
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|  | Summary Totals |  |  |  |  |  |  |  |
| Total Amount of Voucher | | | | | | | |  |

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| --- | --- | --- | --- |
| Expense Category Extensions and Additions Checked (by CFO) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cost Center | % Cost | Charge |
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I hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business; that the amounts are correct; and that they represent proper charges against Sanilac County Community Mental Health.

Nature of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (Employee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved (Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_