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| SANILAC COUNTY COMMUNITY MENTAL HEALTHTRAVEL VOUCHER |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Employee Position Period Covered From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home address (city) |
| Day of Month | Description | Private AutomobileAmount 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 CategoryExtensions and AdditionsChecked (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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_