

**OTTAWA COUNTY  
TRAVEL EXPENSE REQUEST FORM**

Date Submitted:							
Employee(s) incurring expenses:							
Department/Employee:							
Request for approval not to exceed:							
Employee will be attending:							
Date(s) of event:							
Name/Location of lodging:							
Number of nights staying:							
<i>Transportation:</i>		County Vehicle:		Personal Vehicle:			
		Other:					
<i>Expenses:</i>							
Parking		per day					
Lodging		per night					
Meals		per person					
Registration		per person					
Mileage		per person					
			Total				
<i>Total number of persons attending</i>				<i>Is spouse attending?</i>			
<i>Anticipated milage - round trip:</i>							
From	To	Miles	Rate	Total			
					Total:		
<b>This procedure for accounting of expenses is required by the State Auditor.</b>							
This request for expenses is related to my work for Ottawa County. I have discussed this request with my supervisor.							
Employee Signature			Date				
Department Head/Appointing Authority:			Approved	Denied			
County Administrator			Approved	Denied			
County Administrator Signature:							
Board of Commissioners Approval			Approved	Denied			
Commissioner Signatures:			Date:				