

FULTON COUNTY EXPENSE VOUCHER

* **ATTACH ALL RECEIPTS. Expenses (other than mileage) submitted without receipts will not be reimbursed.**

Name of Reimbursee: _____	Where expenditure(s) will be paid from: _____ Line Item Account # _____	Amount _____
(First-Middle Initial-Last Name)	If travel, names of others in vehicle: _____ _____ _____	_____
Job Title & Department: _____	_____ _____ _____	_____
Purpose: _____	Health Department Program Code: _____ IRS mileage rate as of January 1, 2023 is \$.655 cents per mile _____	_____

Date	Origin	Destination	Total Miles	Amount Due		Lodging	Meals	Other Expenses		Line Total
				@	.655			Item	Amount	
Sub Totals										

This certifies that the travel shown above was required by the official duties of the traveler named. Total Amount

I certify that the above amount is correct and just; that the detailed items charged within are actual expenses I incurred while conducting official Fulton County business, that the amounts reported were actually paid by me, and the expenses were occasioned by official business or unavoidable delays requiring expenditure of personal funds that I am now requesting reimbursement for; and that I expended the necessary funds in an ethical and prudent manner. **Total Reimbursement Requested**

Reimbursee Signature Date

Department Head (or Chair) signature: Date