## **FULTON COUNTY EXPENSE VOUCHER**

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

| Name of F                 | Reimbursee:                             |                                         |                                                                                                                                                                              |       |                     |                     | Where expenditure(s) will be paid from: |                          |                        |               |   |
|---------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------|---------------------|-----------------------------------------|--------------------------|------------------------|---------------|---|
|                           |                                         | If travel, names of others in vehicle:  |                                                                                                                                                                              |       |                     | Line Item Account # |                                         |                          | Amount                 |               |   |
| (First-Middle             |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
| ,                         | · · · · · · · · · · · · · · · · · · ·   |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
| Job Title 8               | Department:                             |                                         | -                                                                                                                                                                            |       |                     | _                   | -                                       |                          |                        | -             |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     | _                   |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     | _                   |                                         |                          |                        |               |   |
| Purpose:                  |                                         |                                         |                                                                                                                                                                              |       |                     |                     | Health Department Program Code:         |                          |                        | _             |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     | IPS mileage rate                        | as of January 1, 2024 is | s \$ 67 conte por milo |               |   |
|                           |                                         |                                         |                                                                                                                                                                              | Total |                     |                     | INS Illieage rate a                     | as of January 1, 2024 is |                        |               |   |
| Date                      | Date Origin                             |                                         | Destination                                                                                                                                                                  |       | Amount Due<br>@ .67 | Lodging             | Meals                                   | Other Expenses<br>Item   | Amount                 | Line<br>Total |   |
|                           |                                         |                                         |                                                                                                                                                                              | Miles | _                   |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         | Sub Totals                                                                                                                                                                   |       |                     |                     |                                         |                          |                        |               |   |
| This certifies that the t | official duties of the                  | of the traveler named.                  |                                                                                                                                                                              |       |                     |                     |                                         | Total Amount             |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
| business, that the amo    | ounts reported were actually paid by me | , and the expenses v                    | narged within are actual expenses I incurred while cond<br>tenses were occasioned by official business or unavoida<br>and that I expended the necessary funds in an ethical; |       |                     |                     | able delays requiring                   |                          |                        | equested      |   |
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|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
|                           |                                         |                                         |                                                                                                                                                                              |       |                     |                     |                                         |                          |                        |               |   |
| Reimbursee                | Signature                               | Date                                    | Department Head (or Chair) signature:                                                                                                                                        |       |                     |                     |                                         |                          |                        | Date          | - |