TRAVEL VOUCHER

Jackson County Government

Voucher Date:

Purpose of Travel:

Traveler's Name and Address:

Department/Agency:

County Board

Date	Departed from		Arrived at		Transportation				Lodging	Meals or Per Diem $55	Other Expense		**Line Totals**
	Place	Time	Place	Time	# Miles	@ $0.67 2024 IRS Rate	Type	Amount			Type or Meeting Name	Amount	
												Total Expenses	

Notes:

Less Prepaid Expenses	
Amount Requested	

Traveler's Signature:

Date:

Mileage/Expenses Amount Approved:	Accounting Notes:	
Meeting Per Diem Amount Approved:	Approved by: Signature of Approving Agent	Date: