

PITTSYLVANIA COUNTY  
BOARD OF SUPERVISORS  
FINANCE DEPARTMENT

TRAVEL/TRAINING  
EXPENSE/REIMBURSEMENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

1. PURPOSE OF TRAVEL/TRAINING: \_\_\_\_\_

2. GEOGRAPHIC LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

3. ITEMIZE ALL EXPENSES CLAIMED (ATTACH RECEIPTS)

A. LODGING \$ \_\_\_\_\_

B. FOOD (**Receipts Must Be Detailed**) \_\_\_\_\_

C. MILEAGE (\_\_\_\_\_ MILES x .67) \_\_\_\_\_

D. REGISTRATION FEES \_\_\_\_\_

E. TOLLS, PARKING, ETC. \_\_\_\_\_

F. OTHERS (SPECIFY) \_\_\_\_\_

TOTAL EXPENSES CLAIMED: \$ \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

TRAVEL APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_