

GRAYSON COUNTY EXPENSE ACCOUNT REPORT

Submit Typed or Printed in ink. Sign and Approve in Ink.

Date Submitted		Name				Choose One				
						Per Diem			Actual	
Department Charged		General Ledger Account Number				Trip Began	Date		Time	
						Trip Ended	Date		Time	
* Attach Receipts	Date	SUN	MON	TUE	WED	THU	FRI	SAT	Total Employee Paid	Total Charged
Airline	*									
Car Rental & Gas	*									
Taxi & Parking	*									
Mileage										
Hotel	*									
Per Diem (employee paid)										
Meals (credit card charges) *										
Other										
Totals										
Purpose of Trip: <small>(Avoid abbreviations. Provide detailed information and attach all receipts from county credit card purchases along with conference itineraries.)</small>										
Line 8: List Airline Ticket Number- Attach airline charge										
Line 11: Mileage (Describe) - Attach mileage map										
Line 15: Other (Describe) - Attach any receipts from purchases not listed above										
_____ Employee Signature			_____ Authorized Signature				_____ Auditor Approval			

rev 06/21

***** Attach credit card receipts for all items charged using a County-issued credit card *****