

HARRISON COUNTY EXPENSE FORM NON - OVERNIGHT MEALS

PERSON REQUEST FOR: _____

DEPARTMENT : _____

PURPOSE FOR TRAVEL: _____

COUNTY LINE ITEM # : _____

DATE	LOCATION (CITY)	AMOUNT (IRS rate)

TOTALS _____

Statement of Elected Official or Department Head

"The above named employee is hereby authorized to submit this advance travel expense form for the purpose stated hereon."

Signature of Official or Department Head

*** All non-overnight travel expense for meals are now paid through payroll.

**TURN THIS FORM INTO EMMA
WITH YOUR TIMESHEET/PAYROLL**