

TRAVEL AND SUBSISTENCE VOUCHER

COUNTY OF ASHE

NAME: _____ DATE: _____ TOTAL AMT. \$ _____

DATE	FROM	TO	MILES	SUBSISTENCE	
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____
				B. _____	
				L. _____	
				D. _____	
				M. _____	TOTAL\$ _____

TOTAL TRAVEL _____ TOTAL SUBSISTENCES\$ _____

I hereby certify that the above expenses for which reimbursement is claimed were incurred in the service of the County.

APPROVED _____

(Signature of Employee)