



## Fayette County Career & Technical Institute Travel Expense Form

Name: \_\_\_\_\_ Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Date	Location and Purpose (Additional Space on Back of Form)	Personal Auto Miles	Tolls Parking	Lodging – Meals – Misc. Describe	Lodging	Meals	Misc.
<b>Totals</b>		<b>1</b>	<b>2</b>		<b>3</b>	<b>4</b>	<b>5</b>

Mileage Cost =	1	X	IRS Rate	
				2
			Tolls - Parking	3
			Lodging	4
			Meals	5
			Misc.	5
<b>Total Amount Due Employee:</b>				

I certify that the expenses listed are actual costs incurred by me while performing my duties as an employee of the Fayette County Career & Technical Institute.

Employee Signature: \_\_\_\_\_ (Date)

Director's Signature: \_\_\_\_\_ (Date)