COUNTY BOARD EXPENSE VOUCHER

NAME:_____

				Taxable	Non-Taxable		
DATE	**Type of Meeting**	**PER DIEM**	**MILEAGE**	***MEALS**	***MEALS**	**REGISTRATION**	**LODGING**

* Taxable are day meals and non-taxable are overnight meals.
Please attach receipts for any meals in excess of $5.00

SIGNED:_____ Mileage:_____ Miles @ $0.575 Per Mile = _____