



# PRISONER TRANSPORTATION EXPENSES

## Expense Form #3

Person Submitting Report:	Department:
Name of Prisoner:	Case #:
Name of Prisoner:	Case #:
Name of Prisoner:	Case #:
Prisoner(s) Transported From:	To:
Departure Date:	Destination Date:

### MEALS AND LODGING EXPENSE SUMMARY

(attach receipts, excluding meal receipts)

Description of Expenditure	Month/Day	TOTALS						
Breakfast-Per Diem								
Lunch-Per Diem								
Dinner-Per Diem								
Incidental-Per Diem								
Lodging								
Parking/Toll								
Telephone								
<b>TOTAL:</b>								

### TRAVEL, TRANSPORTATION AND OTHER EXPENSES (attach receipts)

Other Travel Expense (Explain & Attach Receipts)	
Airline, Bus, Train (Explain & Attach Receipts)	
Other Deputy Expense (Explain & Attach Receipts)	
Other Matron Expense (Explain & Attach Receipts)	
<b>TOTAL:</b>	

### TOTALS (ALLOWABLE COSTS)

Meals & Lodging Expenses Summary Total		
Travel, Transportation and Other Expense Total		
Less Prior Payments or Advance		
<b>Total Due Employee/(Due County)</b>		

### CERTIFICATION

**EMPLOYEE:** "I certify that the Expenses as shown on this form are true and correct statement of expenses incurred by me while traveling on official county business and I have not received reimbursement from any other source."

**OFFICIAL OR DEPARTMENT HEAD:** "I certify that the above named employee received proper authorization for official county travel. I have examined the request reimbursement and approve the same for payment."

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Official/Department Head