COUNTY OF MARQUETTE - TRAVEL EXPENSE VOUCHER

Department		**Mileage $**	$0.535	**Date Submitted:**			
Employee		**Title**			**Acct. No.**		
Address				**From:**		**To:**	

		Vehicle Expense						
Date	**Description**	**# Miles**	**Subtotal**	**Bridge/Cab/ Airline Fare**	**Hotel**	**Meals**	**Other**	**Total**