COUNTY OF MARQUETTE - TRAVEL EXPENSE VOUCHER

Department		**Mileage $**	$0.545	**Date Submitted:**	
Employee		**Title**		**Acct. No.**	
Address		**From:**		**To:**	

Date	Description	Vehicle Expense		Bridge/Cab/ Airline Fare	Hotel	Meals	Other	Total
		# Miles	Subtotal					
							Less Travel Advance:	
							TOTAL AMOUNT OF VOUCHER:	

Nature of Official Business	

Signed		Approved	
Dated		Title	