

COUNTY OF MARQUETTE - TRAVEL EXPENSE VOUCHER

Department		Mileage \$		\$0.575	Date Submitted:				
Employee		Title			Acct. No.				
Address				From:		To:			
Date	Description	Vehicle Expense		Bridge/Cab/ Airline Fare	Hotel	Meals	Other	Total	
		# Miles	Subtotal						
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		0						0.000	
		Total Miles:	0	0.000	0.00	0.00	0.00	0.000	
								Less Travel Advance:	
								TOTAL AMOUNT OF VOUCHER:	\$0.00
Nature of Official Business									
Signed				Approved					
Dated				Title					