

Account Number: _____

Name of Person Submitting Report _____ Department _____

EXPENSES INCURRED IN TRANSPORTING PRISONERS:

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

PRISONER(S) TRANSPORTED FROM: _____ TO: _____

DATE OF DEPARTURE: _____ DATE ARRIVED AT DESTINATION: _____

MEALS & LODGING:

Morning Meal Maximum - \$7.00

Noon Meal Maximum - \$10.00

Evening Meal Maximum - \$13.00

Per Diem expenses are not allowable for the costs of prisoners' meals and expenses. Actual receipts must be submitted to the County Auditor with this travel expense form or requests for reimbursement will not be honored.

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	ACTUAL LODGING	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL PRISONER MEALS & LODGING..... _____

TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information)

Other Travel or Transportation Expense
(Complete in detail and attach receipts)

TOTAL TRAVEL & TRANSPORTATION EXPENSES _____

OTHER EXPENSES:

Other Deputy Expense (Explain & Attach Receipts)

Other Matron Expense (Explain & Attach Receipts)

Other Expense (Explain & Attach Receipts)

TOTAL OTHER EXPENSES ... _____

TOTAL EXPENSE FORM NO. 2 _____

The Total of this form must be carried forward to Travel Expense Form No. 1 and submitted to the County Auditor for payment.