

**CUMBERLAND COUNTY
PERSONAL EXPENSE RECORD/VOUCHER**

Employees Name

Department

Requisition #

Title

Month/Year

Req Date

*Note: Total miles represents miles driven less your daily commute. Any other expense items must be accompanied and supported by valid receipts.

Date	Purpose	Location		Total Miles	Rate	Total \$
		From	To			
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
Total:						
Date	Purpose	Other Expense Type			Total \$	
Total:						
Grand Total:					\$	

Department Head Approval
This record has been verified and approved for payment.

Employee Certification
I certify that this document is a true and accurate record of the use of my personal vehicle and other expenses incurred for business pertinent to my position of employment by the County of Cumberland.

Date Signature

Date Signature