BLISSFIELD TOWNSHIP TRAVEL EXPENSE VOUCHER

	Township Departme	ent				-			Date Sumitto	ed	
томпоттр Бераптети									Date Gunitted		
Name of Employee				Title of Position				-	Voucher Number		
Home Address				From					То		
						Public			Accour	nt Number	
			Private		County Owned		Hotel or	Meals	Other		
Day	Description			Automobile		Trans-			Expenses	Daily Total	
		Miles	Amount	Gas	Other	portation	Room			C	
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Total Amount of Voucher \$

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I certify that all items in this statement were incurred in the discharge of authorized official business, that the amounts are correct, and that they represent proper charges aganst the County.

Nature of Business

Signed

Approved

Summary Totals