TAFCE Rutherford County

Reimbursement Voucher

Name: _____

Address: _____

Phone Number: _____ Email Address _____

Office or Position Held on County Council: _____

Event: (date and place): _____

Travel Expenses: _____miles @ $.30 per mile_____		
Other expenses (must itemize and have original sales receipt): _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____ **TOTAL**		