

Travel Expense Reimbursement Form

Complete and return this form to the Finance Specialist within ten (10) business days of returning from travel. In accordance with Policy 1600, original receipts for all travel related expenses must be provided to the Finance Specialist with this form.

Name: _____ Date: _____

Explanation of Expense: _____

Budget Line Item # _____ Training Request Yes No

Meals Expenses:

Per Diem	Number of Days		Rate*	Total
Breakfast	_____	X	\$ _____	\$ _____
Lunch	_____	X	\$ _____	\$ _____
Dinner	_____	X	\$ _____	\$ _____
Actual Meal Cost				
_____				\$ _____
_____				\$ _____
_____				\$ _____

Transportation & Lodging Expenses:

Personal Vehicle Use

Number of Miles			Rate*	
_____	X		\$ _____	\$ _____

Lodging

Number of Days			Daily Rate	
_____	X		\$ _____	\$ _____

Travel Expenses (airfare, taxi, parking, baggage fee, etc.)

_____	\$ _____
_____	\$ _____

Miscellaneous Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested \$ _____

*Rates for meal per diem and mileage are available here: www.gsa.gov/perdiem or www.gsa.gov/mileage

Certification: I hereby certify under penalty of perjury that this is a true and correct claim for necessary travel expenses incurred by me and that no payment has been received by me on account thereof.

Signed: _____

Date _____

Approved: _____

Date _____