



TRAVEL CLAIM FORM

Employee:		Date:
Mailing Address:	City:	Zip:
Business Purpose:	Destination:	

TRAVEL CALCULATION TABLES

PERSONAL AUTO MILES TRAVELED: (Personal Vehicle Usage)			
DEPARTED FROM:	DESTINATION:	TOTAL MILES:	
DEPARTED FROM:	DESTINATION:	TOTAL MILES:	
Was a County Owned vehicle available?		No Yes	Personal Auto Total Miles Traveled: <input type="text"/> County Owned Vehicle was - <input type="text"/> NOT AVAILABLE (\$.545 per mile): \$ <input type="text"/> AVAILABLE (\$.273 per mile): \$ <input type="text"/> TOTAL MILEAGE REIMBURSEMENT: \$ <input style="background-color: #fff9c4;" type="text"/>

MEALS AND LODGING:

MEALS: <i>*The meal allowance is not applicable when a meal is provided by the event sponsor.</i>				
Breakfast Employee leaves before 7 am Lunch Employee is away for 7 or more hours Dinner Employee returns after 7 pm				
MEAL	STANDARD	NON STANDARD*	QTY	TOTAL
BREAKFAST	\$9.00			\$ <input type="text"/>
LUNCH	\$11.00			\$ <input type="text"/>
DINNER	\$22.00			\$ <input type="text"/>
*Call Clerk's Office for rate.				\$ <input style="background-color: #fff9c4;" type="text"/>

TRAVEL EXPENDITURES (COST OF TRAVEL)

EXPENDITURES	DOC. <input checked="" type="checkbox"/>	PRE TRAVEL CHECK	POST TRAVEL REIMBURSEMENT	COUNTY CARD OR DIRECT BILL
Gas Card Receipts (County Vehicle)				
Mileage Reimbursement (Personal)				
Lodging				
Meal Receipts or Per Diem				
Airline Fare				
Other:				
TOTAL TRAVEL REIMBURSEMENT		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Mail Check OR Pick Up Check in Clerk's Office

APPROVALS

I certify that the amounts claimed are accurate, that I have attached receipts and documentation, and that I have followed County Policy.

_____ Date _____
 Employee Signature Department Manager or Elected Official Date

Department:	Account #:
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