

Request for Reimbursement

Requestor Information								
Name:			Payee (if other than requestor):			Official Work Location:		
Private Vehicle License #			County Vehicle License #			Payee Soc. Sec. # or FEI #		
Reason for Request / Purpose of Travel:								
<i>By signing, I hereby certify that the amounts set out in the Request for Reimbursement are correct and just, and that I have not received previous payment.</i>								
Signature of Requestor						Date		
Date	Starting location	Ending location	Leave time	Arrive time	Meals	Lodging	Miles	Mode of travel
Total								

Expenses	Amount
Private Vehicle (miles x 0.625¢)	\$
Airport parking	\$
Commercial Air Fare	\$
Taxi, bus, car rental, train, etc.	\$
Lodging	\$
Meals (based on State allowance)	\$
Miscellaneous	\$
Total	\$

In-State Meal Allowance	
Breakfast	\$13.75 (Allowable if leave at or before 7 am / return at 8 am or later)
Lunch	\$19.25 (Allowable if leave at or before 11 am / return at 2 pm or later)
Dinner	\$30.25 (Allowable if leave at or before 5 pm / return at 7 pm or later)
All Day	\$55.00 (Full day allowance)

Signature of Approver

Date