

TRAVEL EXPENSE REIMBURSEMENT

TRAVEL BY PRIVATELY OWNED VEHICLE LIST MILES TO AND FROM DESTINATION ONLY					OTHER EXPENSES (ATTACH RECEIPTS)		MEALS (Overnight travel only)		
DATE	FROM	TO	PURPOSE	MILEAGE DRIVEN	TYPE OF EXPENSE	AMOUNT	BREAKFAST	LUNCH	DINNER
							MAXIMUM	MAXIMUM	MAXIMUM
							In-state \$7 Out-state \$10	In-state \$12 Out-state \$15	In-state \$20 Out-state \$25
TOTAL MILES									
MILEAGE RATE				X .52					
TOTALS				\$		\$	\$	\$	\$

WHEN REQUESTING REIMBURSEMENT FOR MEALS OTHER THAN YOUR OWN, PLEASE LIST NAME(S) IN THE SPACE BELOW:

GRAND TOTAL \$

BUSINESS OFFICE USE ONLY:

MILEAGE	
OTHER	
MEALS	
TOTAL	

SIGNATURE OF TRAVELER _____ **DATE SUBMITTED** _____ **SIGNATURE OF ADMINISTRATOR** _____

ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES EXCEPT MILEAGE