

A separate form must be used for each claimant.

WASHINGTON COUNTY TRAVEL CLAIM

Employee _____ Department _____ Date _____
 Destination _____ Business Purpose _____

EXPENDITURES (Expenses of this trip to be paid directly to others :)

* Registration Fees \$ _____ Paid To: _____
 * Lodging \$ _____ Paid To: _____
 * Air fare \$ _____ Paid To: _____

* These items need full documentation, (i.e., a completed registration form, ticket, invoice, agenda, etc.)

PERSONAL AUTO MILES TRAVELED

Motor Pool Vehicle was Available: Yes ___ No ___ Date asked: _____ Supervisor Initials: _____

<u>DEPARTED FROM</u>	<u>DESTINATION</u>	<u>MILES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Auto Total Miles Traveled:

Motor Pool AVAILABLE (.3275¢ per mile reimbursement): \$ _____

Motor Pool **NOT AVAILABLE** (.655¢ per mile reimbursement): \$ _____

OR Fuel Receipts: : \$ _____

TOTAL MILEAGE OR FUEL RECEIPT REIMBURSEMENT AMOUNT \$ _____

MEALS AND LODGING

<u>DATE</u>	<u>TIME DEPARTED</u>	<u>TIME RETURNED</u>	<u>GSA RATE</u>	<u>QTY</u>	<u>AMOUNT</u>
_____	_____	_____	BREAKFASTS \$ _____	_____	\$ _____
_____	_____	_____	LUNCHES \$ _____	_____	\$ _____
General Services Administration (GSA)			DINNERS \$ _____	_____	\$ _____
http://www.gsa.gov			LODGING \$ _____	_____	\$ _____
<i>(Attach Detail List of Incidental Expenses)</i>			INCIDENTALS \$ _____	_____	\$ _____
TOTAL MEALS, INCIDENTALS, & LODGING REIMBURSEMENT					\$ _____
TOTAL TRAVEL CLAIM REIMBURSEMENT					\$

IRS Code 9864- Sec 163

PER DIEM ALLOWANCE
see <http://www.gsa.gov/>

<u>Meal</u>	<u>Leave at or Before:</u>	<u>Return at or After:</u>	<u>GSA Rate</u>
Breakfast	7:00 am	9:00 am	\$ _____
Lunch	11:00 am	2:00 pm	\$ _____
Dinner	5:30 pm	8:00 pm	\$ _____

Lodging:
Lodging without receipts: \$40.00

UT Lodging Sales Tax Account is 10-4960-809000

I certify that the amounts claimed are accurate and per County policy.

Account # _____

Name: _____ Signature _____

Address: _____

Department Head or Commission Designee Approval _____