

<b>EMPLOYEE'S NAME &amp; WORK LOCATION</b>	<b>DATE RECEIVED IN CENTRAL OFFICE</b>
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**EACH DAY'S EXPENSES MUST BE LISTED SEPARATELY. MEAL RECEIPTS ARE NOT REQUIRED.**

**Mileage** - All travel shall be the most direct route in order to qualify for reimbursement. Rate is based on state mileage rate as of July 1 of the fiscal year at the time of travel.  
**Other Expenses** - All charges or fares for necessary travel are reimbursed. (plane, bus, train, subway, taxi, car rental, lodging, registration fees.) Employee must attach receipts for these items.  
**Meals** will be reimbursed on a per diem based on the state rate as of July 1 of the fiscal year at the time of travel.

**MEAL REIMBURSEMENT CHART - Includes meals, taxes and tips.**  
 (Meal receipts are not required.)

	Breakfast	Lunch	Dinner
<b>If authorized travel includes overnight lodging and at least these hour</b> → → → →	6:30AM-9:00AM	11:00AM-2:00PM	5:00PM-9:00PM
<b>you may claim for meals</b> → → → →	<b>\$10</b>	<b>\$11</b>	<b>\$23</b>

DATE	TIME OF	DESTINATION	# OF	MILES x	TOLLS/	LODGING	MEALS	TOTAL
MO	DAY	FROM TO	MILES	\$0.53	PARKING			FOR DAY
							B	
PURPOSE OF TRAVEL & SOURCE OF FUNDS							L	
							D	

DATE	TIME OF	DESTINATION	# OF	MILES x	TOLLS/	LODGING	MEALS	TOTAL
MO	DAY	FROM TO	MILES	\$0.53	PARKING			FOR DAY
							B	
PURPOSE OF TRAVEL & SOURCE OF FUNDS							L	
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MO	DAY	FROM TO	MILES	\$0.53	PARKING			FOR DAY
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PURPOSE OF TRAVEL & SOURCE OF FUNDS							L	
							D	

	\$
<b>Page 1 Total</b>	\$
<b>Page 2 Total</b>	\$
<b>GRAND TOTAL</b>	\$

I hereby certify that the above is a correct statement of amount due for travel expenses.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHECKED FOR ACCURACY BY \_\_\_\_\_ DATE \_\_\_\_\_

**CENTRAL OFFICE USE:** \_\_\_\_\_

<b>EMPLOYEE'S NAME</b>	<b>PAGE 2</b>
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MO	DAY	DEP	RET								
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	D

**Page 2 Total \$**