

EMPLOYEE'S NAME & WORK LOCATION	DATE RECEIVED IN CENTRAL OFFICE
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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
If authorized travel includes overnight lodging and at least these hour → → → →	6:30AM-9:00AM	11:00AM-2:00PM	5:00PM-9:00PM
you may claim for meals → → → →	\$10	\$11	\$23

DATE	TIME OF	DESTINATION	# OF	MILES x	TOLLS/	LODGING	MEALS	TOTAL
MO	DAY	FROM TO	MILES	\$0.49	PARKING			FOR DAY
							B	
PURPOSE OF TRAVEL & SOURCE OF FUNDS							L	
							D	

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PURPOSE OF TRAVEL & SOURCE OF FUNDS							L	
							D	

	\$
Page 1 Total	\$
Page 2 Total	\$
GRAND TOTAL	\$

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: _____

EMPLOYEE'S NAME	PAGE 2
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Page 2 Total \$