EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT



EMPLOYEE:		PURPOSE OF TRAVEL:	
_	(PLEASE PRINT CLEARLY)	<u>-</u>	

DAY/DATE EVENT/LOCATION LODGING TRANSPORTATION MEALS PLEASE LIST DATE(S) PLEASE PROVIDE DESCRIPTION PLEASE LIST DATE(S) DESCRIPTION MILES X RATE REQUESTED REQUESTED CONTINUE RECEIPT MUST BE ATTACHED TRANSPORTATION MEALS TRANSPORTATION MEALS TRANSPORTATION MEALS TRANSPORTATION MEALS TIME TRANSPORTATION TRANSPORTATION MEALS TIME TRANSPORTATION TRANSPORTATION MEALS TIME T	
PLEASE LIST DATE(S) PLEASE PROVIDE DESCRIPTION PLEASE PROVIDE ATTACHED RECEIPT MUST BE ATTACHED RATE OF \$0.39/MILE [EFFECTIVE 7/1/20-12/31/20] (PER ABOVE) AMOUNT RECEIPT MUST BE ATTACHED MEALS REIMBURSED WITH EVIDENCE OF OVERNIGHT STAY ONLY. OF OVERNIGHT STAY ONLY.	
(PER ABOVE) AMOUNT DESCRIPTION AMO	
x =	

TOTAL EXPENSES:

RECEIPTS MUST BE ATTACHED

IT IS THE RESPONSIBILITY OF THE <u>EMPLOYEE TO TURN IN RECEIPTS FOR THE EXPENSES CLAIMED</u>. RECEIPTS SHOULD BE <u>ATTACHED TO THIS REPORT</u> AND REPORT <u>MUST BE FILED WITHIN 30 DAYS</u> AFTER THE EVENT.

EMPLOYEE SIGNATURE:	DAT	E:
APPROVAL SIGNATURE:	DAT	E:

*ALLOWABLE REIMBURSEMENT RATE FOR MEALS									
	S	STANDARD		HGH RATE					
BREAKFAST	\$	8.00	\$	10.00					
LUNCH	\$	10.00	\$	11.00					
DINNER	\$	18.00	\$	23.00					
DAY (TOTAL)	\$	36.00	\$	44.00					
CHECK WITH THE BOARD OFFICE FOR A LIST OF									
HIGH RATE CITIES/LOCATIONS									

TIPS ARE ALLOWABLE FOR REIMBURSEMENT UP
TO 15% OF THE MEAL COST.

EXPENSE ACCOUNT: