

TRAVEL EXPENSE REIMBURSEMENT FORM FOR

NAME _____ BUILDING _____
 POSITION _____ VEHICLE LICENSE # _____
 ADDRESS _____ PURPOSE _____
 PROFESSIONAL DEV. YES _____ NO _____

YEAR		DETAILED EXPENDITURES (OTHER THAN MILEAGE)							TRAVEL BY PRIVATELY OWNED VEHICLE						
2016	MO.	DAY	TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS OR PER DIEM	TAXI	MISC	PHONE	TOTAL FOR DAY	BETWEEN WHAT POINTS FROM	TO	MILES DRIVEN	RATE PER MILE	AMOUNT
														0.500	#VALUE!
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
														0.500	
SUB-TOTALS										\$	TOTALS FOR MILEAGE			0.500	\$

APPROVED BY _____ TRAVEL SUPERVISOR
 _____ SIGNATURE OF TRAVELER
 _____ TITLE

SUB TOTAL \$ _____
 MILEAGE \$ _____
 TOTAL CLAIMED \$ _____

MEAL ALLOWANCES
 Individual meals not to exceed \$25.00
 Not to exceed \$35.00 per day

MILEAGE ALLOWANCE \$.50 CENTS PER MILE