**Powell County**

**Travel Reimbursement Form**

1. **Travel Reimbursement Forms must be submitted to the Finance Office by the 22nd of the month.**
2. **Please attach *original* receipts for hotel or “other” expenses. You do not need receipts for meals.**
3. **Please attach a copy of the agenda or schedule from any meeting, class, or conference you attended.**
4. **Complete one travel reimbursement form for each trip.**
5. **Reimbursements will not be processed until this form is completed in full and all requested attachments are present.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Department:** | |  | |
| **Destination:** |  | | | | | | |
| **Point to Point Travel:** | | |  | | | | |
| **Means of Travel:** | |  | | | | | |
| **Purpose of Trip:** | |  | | | | | |
| **Departure Date:** | |  | | | **Departure Time:** | |  |
| **Return Date:** | |  | | | **Return Time:** | |  |

**List meals provided at no charge to you:**

List below meals purchased by you for reimbursement – Per diem: Breakfast = $7.50, Lunch = $8.50 Dinner = $14.50

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Hotel** | **Other** | **Breakfast** | **Lunch** | **Dinner** | **Mileage** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Totals** | **$** | **$** | **$** | **$** | **$** | **mi.** |
| **Less: Charged to County** | **($ )** | **($ )** |  |  |  | **@\_\_\_\_\_ /mi.** |
| **Net Due to Employee** | **$** | **$** | **$** | **$** | **$** | **$** |

**Total Due to Employee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Employee Signature & Date** |  | **Supervisor Signature & Date** |
| I hereby certify this travel claim to Powell County is correct and just in all aspects and that payment has not been received. |  | I approve and certify this is a valid travel claim to Powell County in accordance with all Statutes and Administrative rules and procedures. |