



# TRAVEL CLAIM FORM

Employee:		Date:
Mailing Address:	City:	Zip:
Business Purpose:	Destination:	

## TRAVEL CALCULATION TABLES

PERSONAL AUTO MILES TRAVELED: (Personal Vehicle Usage)			
DEPARTED FROM:	DESTINATION:	TOTAL MILES:	
DEPARTED FROM:	DESTINATION:	TOTAL MILES:	
Was a County Owned vehicle available?		No Yes	Personal Auto Total Miles Traveled: <input style="width: 100%;" type="text"/> County Owned Vehicle was - <input style="width: 100%; background-color: black; color: black;" type="text"/> <b>NOT AVAILABLE</b> (\$.625 per mile): \$ <input style="width: 100%;" type="text"/> <b>AVAILABLE</b> (\$.312 per mile): \$ <input style="width: 100%;" type="text"/> <b>TOTAL MILEAGE REIMBURSEMENT:</b> \$ <input style="width: 100%; background-color: #fff9c4;" type="text"/>

## MEALS AND LODGING:

**MEALS:**  
*The meal allowance is not applicable when a meal is provided by the event sponsor.*

Travel time is between 12 and 24 hours 75% GSA rate may be requested.  
 Travel time is 24 hours or more 100% GSA rate may be requested.+  
 +As per Section X subsection E in Beaver County Personnel Policy 08/18

MEAL	STANDARD	NON STANDARD*	QTY	TOTAL
BREAKFAST	\$13.00			\$ <input style="width: 100%;" type="text"/>
LUNCH	\$15.00			\$ <input style="width: 100%;" type="text"/>
DINNER	\$26.00			\$ <input style="width: 100%;" type="text"/>
				*Call Clerk's Office for rate. \$ <input style="width: 100%; background-color: #fff9c4;" type="text"/>

## TRAVEL EXPENDITURES (COST OF TRAVEL)

EXPENDITURES	DOC.	PRE TRAVEL CHECK	POST TRAVEL REIMBURSEMENT	COUNTY CARD OR DIRECT BILL
Gas Card Receipts (County Vehicle)	<input checked="" type="checkbox"/>			
Mileage Reimbursement (Personal)				
Lodging				
Meal Receipts or Per Diem				
Airline Fare				
Other:				
<b>TOTAL TRAVEL REIMBURSEMENT</b>		\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Mail Check OR      Pick Up Check in Clerk's Office

## APPROVALS

*I certify that the amounts claimed are accurate, that I have attached receipts and documentation, and that I have followed County Policy.*

\_\_\_\_\_ Date                                      \_\_\_\_\_ Date  
 Employee Signature                                      Department Manager or Elected Official

Department:	Account #:
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