



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 type="text"/> County Owned Vehicle was - <input type="text"/> NOT AVAILABLE (\$.655 per mile): \$ <input type="text"/> AVAILABLE (\$.327 per mile): \$ <input type="text"/> TOTAL MILEAGE REIMBURSEMENT: \$ <input style="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 type="text"/>
LUNCH	\$15.00			\$ <input type="text"/>
DINNER	\$26.00			\$ <input type="text"/>
*Call Clerk's Office for rate.				\$ <input style="background-color: #fff9c4;" type="text"/>

TRAVEL EXPENDITURES (COST OF TRAVEL)

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

Employee Signature

Date

Department Manager or Elected Official

Date

Department:

Account #: