



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 (\$.67 per mile): \$ <input type="text"/> AVAILABLE (\$.335 per mile): \$ <input type="text"/> TOTAL MILEAGE REIMBURSEMENT: \$ <input style="background-color: #fff9c4;" type="text"/>

MEALS AND LODGING:					
MEALS: <i>The meal allowance is not applicable when a meal is provided by the event sponsor.</i>					
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			\$
	LUNCH	\$15.00			\$
	DINNER	\$26.00			\$
				*Call Clerk's Office for rate.	\$

TRAVEL EXPENDITURES (COST OF TRAVEL)				
EXPENDITURES	DOC.	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		\$	\$	\$

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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