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:	0
County Owned Vehicle was -	
NOT AVAILABLE ($.585 per mile):	$
AVAILABLE ($.293 per mile):	$
TOTAL MILEAGE REIMBURSEMENT:	$ 0.00

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			$
LUNCH	$15.00			$
DINNER	$26.00			$
			*Call Clerk's Office for rate.	$ 0.00

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		$0.00	$0.00	$0.00

○ 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 #: