



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: County Owned Vehicle was - XXXXXXXXXX NOT AVAILABLE (\$.545 per mile): \$ AVAILABLE (\$.273 per mile): \$ TOTAL MILEAGE REIMBURSEMENT: \$

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	\$9.00			\$
LUNCH	\$11.00			\$
DINNER	\$22.00			\$
*Call Clerk's Office for rate.				\$

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		\$	\$	\$

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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