



# 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: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> County Owned Vehicle was - <span style="background-color: black; color: black;">                    </span> <b>NOT AVAILABLE</b> (\$.56 per mile): \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> <b>AVAILABLE</b> (\$.28 per mile): \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> <b>TOTAL MILEAGE REIMBURSEMENT:</b> \$ <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>

### MEALS AND LODGING:

<p><b>MEALS:</b>  <i>The meal allowance is not applicable when a meal is provided by the event sponsor.</i></p> <p>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</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th>MEAL</th> <th>STANDARD</th> <th>NON STANDARD*</th> <th>QTY</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>BREAKFAST</td> <td>\$13.00</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>LUNCH</td> <td>\$14.00</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>DINNER</td> <td>\$23.00</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">*Call Clerk's Office for rate.</td> </tr> <tr> <td colspan="4"></td> <td style="background-color: yellow; text-align: right;">\$</td> </tr> </tbody> </table>	MEAL	STANDARD	NON STANDARD*	QTY	TOTAL	BREAKFAST	\$13.00			\$	LUNCH	\$14.00			\$	DINNER	\$23.00			\$					*Call Clerk's Office for rate.					\$
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### 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:				
<b>TOTAL TRAVEL REIMBURSEMENT</b>		\$	\$	\$

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
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Department:	Account #:
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