

LUCAS COUNTY
REQUEST FOR REIMBURSEMENT/TRAVEL CARD USAGE

This form is to be completed AFTER TRAVEL and must be attached to your expense report

All receipts must be itemized and must show proof of payment

TODAY'S DATE: _____

CONTACT NAME: _____ CONTACT PHONE: _____

EMPLOYEE NAME: _____ DEPARTMENT: _____

TRAINING DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

PURPOSE OF TRAINING: _____

MEETING/CONF DATES: _____ FROM: _____ TO: _____

CHARTFIELD: _____ FUND: _____ DEPT: _____ ACCT: _____ PROJECT CODE: _____

	ACTUAL
REGISTRATION: Employee paid _____ County Travel Card _____	
AIRFARE: Employee paid _____ County Travel Card _____	
LODGING: Employee paid _____ County Travel Card _____	
MEALS: Employee Paid _____ County Travel Card _____ <u>Per Agency Policy</u> Daily per diem rate with itemized receipts: # of days: _____ Rate per day: _____ or Breakfast at \$ _____ Per diem meal rate _____ Lunch at \$ _____ Per diem meal rate _____ Dinner at \$ _____ Per diem meal rate _____	
MILEAGE: Number of miles: _____ Attach Mileage reimbursement form or complete fields below: From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____ From: _____ Odometer _____ Destination _____ Odometer _____ Total _____	
OTHER: (Tolls, Cabs, Shuttles, Parking, Fuel in County Vehicle or Rental)	
TOTAL:	

Employee Signature: _____	Date _____
<p>This Request for Reimbursement has been reviewed as to departmental necessity and as to compliance with applicable County Training/Travel Policy and is hereby approved.</p> <p>DEPARTMENT HEAD SIGNATURE _____ DATE _____</p>	