

NAME:


LICENSE PLATE:

ADDRESS:

CITY:STATE:ZIP CODE:

BOARD/COMMISSION:

PHONE:



DESTINATION:

PURPOSE:

MONTH/YEAR:

Date:								
Time:								
Location To:								
Location Fr:								

TRANSPORTATION COSTS		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
(68321)	Airplane Fare								\$0.00
(68326)	Railroad Fare								\$0.00
(68327)	Ground Transportation (Taxi, Shuttle, etc.)								\$0.00
(68323)	Private Auto Mileage (**Enter Miles)								\$0.00
(68388 & 68389)	Rental Vehicle								\$0.00
(68328)	Other (Tolls, Parking, etc.)								\$0.00

TRAVEL RELATED EXPENSES									
(68317)	Breakfast -- \$13								\$0.00
(68317)	Lunch -- \$15								\$0.00
(68317)	Dinner -- \$26								\$0.00
(68329)	Incidentals \$5 with receipts								\$0.00
(68315)	Hotel/Motel Room & Tax								\$0.00

EXPENSES - OTHER - <i>Please list.</i>									
									\$0.00
									\$0.00
									\$0.00
TOTAL									\$0.00

**** Mileage Rate (2024):0.67**
Least expensive means of transportation will be reimbursed.
[Refer to Expense Reimbursement Policy.](#)

Accounting Classification: _____

CLAIMANT CERTIFICATION
I hereby certify that the above is a true statement of the travel or business expenses incurred by me; I have not and will not receive reimbursements for them from other entities.

SIGNATURE: _____