

Powell County Travel Reimbursement Form

1. Travel Reimbursement Forms must be submitted to the Finance Office by the 22nd of the month.
2. Please attach *original* receipts for hotel or "other" expenses. You do not need receipts for meals.
3. Please attach a copy of the agenda or schedule from any meeting, class, or conference you attended.
4. Complete one travel reimbursement form for each trip.
5. Reimbursements will not be processed until this form is completed in full and all requested attachments are present.

Name: _____ Department: _____

Destination: _____

Point to Point Travel: _____

Means of Travel: _____

Purpose of Trip: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

List meals provided at no charge to you:

List below meals purchased by you for reimbursement – Per diem: Breakfast = \$5, Lunch = \$6, Dinner = \$12

Date	Hotel	Other	Breakfast	Lunch	Dinner	Mileage
Totals	\$	\$	\$	\$	\$	mi.
Less: Charged to County	(\$)	(\$)				@_____/mi.
Net Due to Employee	\$	\$	\$	\$	\$	\$

Total Due to Employee \$ _____

Employee Signature & Date

Supervisor Signature & Date

I hereby certify this travel claim to Powell County is correct and just in all aspects and that payment has not been received.

I approve and certify this is a valid travel claim to Powell County in accordance with all Statutes and Administrative rules and procedures.