

Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI				Organization		Phone Number			
Date		Time		Date		Time			
Departed				Return					
Location Traveled To (City and State):									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount

Circle the meals to be paid and write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

most localities \$40.00 (\$10 breakfast, \$10 lunch, \$20 supper)

high-cost localities \$50.00 (\$10 breakfast, \$15 lunch, \$25 supper)

Total for meals \$ _____

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): **YES** **NO**

IF YES, NUMBER OF MILES CLAIMED: _____ @ _____ = \$ _____

DID YOU RECEIVE A TRAVEL ADVANCE: **YES** **NO**

IF YES, PAYMENT VOUCHER NUMBER _____ AMOUNT \$ _____ DATE: _____

Date	Reimbursable Expenditures (Excluding Meals) Description	Amt Claimed	Allowed

Receipts are required for: lodging (detailed), auto rental, airline tickets, out of pocket expenses for County owned vehicle.

I hereby claim any amount due me. The statements and attachments are true and complete.	Signature of Claimant	Date
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee	Date

Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI				Organization		Phone Number			
Date		Time		Date		Time			
Departed				Return					
Location Traveled To (City and State):									
Meals Claimed									
Date	Breakfast	Lunch	Supper	Amount	Date	Breakfast	Lunch	Supper	Amount

Circle the meals to be paid and write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

most localities \$40.00 (\$10 breakfast, \$10 lunch, \$20 supper)

high-cost localities \$50.00 (\$10 breakfast, \$15 lunch, \$25 supper)

Total for meals \$ _____

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): YES NO

IF YES, NUMBER OF MILES CLAIMED: _____ @ \$.545 = \$ _____

DID YOU RECEIVE A TRAVEL ADVANCE: YES NO

IF YES, PAYMENT VOUCHER NUMBER _____ AMOUNT \$ _____ DATE: _____

Date	Reimbursable Expenditures (Excluding Meals) Description	Amt Claimed	Allowed

Receipts are required for: lodging (detailed), auto rental, airline tickets, out of pocket expenses for County owned vehicle.

I hereby claim any amount due me. The statements and attachments are true and complete.	Signature of Claimant	Date
I certify that I have reviewed and approve this claim.	Signature of Department Head or Designee	Date