## **LANCASTER COUNTY MILEAGE CLAIM**

ieage Log and	d Reimbursement Form				
Employee Name:		Federal Rate Per Mile:		\$0.535	
Department:		Total Mileage:		0	
For Period:	From 1/0/00 to 1/0/00	Total Reimbursement:		\$0.00	
(XX/XX/XXXX)	Starting Location	Destination	Purpose	Trip Mileage	Reimburse
					-
				<del> </del>	

## Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI				Organization			Phone Number			
		Date	Tin	ne		Da	ite	<u> </u>	Time	
Departed				]	Return					
Location	on Travel	ed To (	City and S	State):						
				Meals C	laimed					
Date	Breakfast	Lunch	Supper	Amount 1	Date	Breakfast	Lunch	Supper	Amount	
		<u> </u>	<del>                                     </del>							
		+	+							
			+ +	<del>-  </del>				+	+	
		<u> </u>						<del> </del>		
<u> </u>			   write in the			<u> </u>				
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 \$  DID YOU RECEIVE A TRAVEL ADVANCE:  YES NO  IF YES, PAYMENT VOUCHER NUMBER AMOUNT \$ DATE:										
Date	Ke	Reimbursable Expenditures (Excl Description			ding Meals) Amt Clair			imed	med Allowed	
Receipts owned v		d for: lodg	ging (detaile	ed), auto ren	ıtal, airlii	ne tickets, o	ut of pock	et expens	ses for County	
	laim any amou s and attachm			Signature of	Claimant			Ι	Date	
I certify that I have reviewed and approve this claim.				Signature of Department Head or Designee Date					)ate	

## Lancaster County Claim for Travel Expenditures

Last Name, First Name, MI				Organization			Phone Number		
		Date	Tin	ne		Da	nte	Time	
Departed				]	Return				
Locatio	on Travel	ed To (	City and S	State):					
				Meals C	laimed				
Date	Breakfast	Lunch	Supper	Amount 1	Date	Breakfast	Lunch	Amount	
		+						_	
			+	-					+
			+ +						+
		<u> </u>	<u> </u>					<del> </del>	<u> </u>
			   write in the			<u> </u>			
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	Ke	Reimbursable Expenditures (Excl Description			Amt Cla			imed Allowed	
			_						
Receipts owned v		d for: lodg	ging (detaile	ed), auto ren	ıtal, airli	ne tickets, o	ut of pock	et expens	es for County
	laim any amou s and attachm			Signature of	f Claimant			D	Pate
I certify that I have reviewed and approve this claim.				Signature of	Signature of Department Head or Designee Date				