

Granville County
STATEMENT OF TRAVEL EXPENSES

NAME _____

DATE _____

See Granville County Personnel Policy, Article V, Section 21 for travel policy restrictions and current meal reimbursement rates.

SECTION I. Enter your home and work locations and the one-way commuting miles for a normal day. An example is provided.	NORMAL COMMUTE		Total Miles (One-Way)
	One-Way from Home to Work Location <i>123 Any Road, City to 104 Belle Street, Oxford</i>		20
SECTION II. Enter General Ledger Account #:			

SECTION III.	Single Day Travel	<i>when beginning or ending at your HOME location, enter normal ONE-WAY commuting miles in the "Normal Commute" column. when beginning or ending at your WORK location, do not enter commuting miles.</i>
	Overnight Travel	<i>when beginning or ending at your HOME location, enter normal ROUND TRIP commuting miles in the "Normal Commute" column for each leg of the trip. when beginning or ending at your WORK location, enter your normal ONE-WAY commuting miles in the "Normal Commute" column.</i>
	<i>If commuting miles are greater than travel miles, no mileage is eligible for reimbursement.</i>	

Enter Start and End Travel Points			Reimbursement Rate (per mile): \$0.67					
Date of Travel	From	To	Total Miles (One-Way)	Normal Commute	Eligible Miles	Meals*	Other	Total
					<i>Subtract normal commute miles from total miles.</i>	<i>Enter eligible meal reimbursements.</i>	<i>Enter other eligible reimbursements</i>	<i>Multiply current rate per mile x total eligible miles. Add meal and other reimbursements.</i>
							TOTAL REIMBURSEMENT	

* ONLY meal reimbursement for OVERNIGHT TRAVEL can be reported on this form; for reimbursement of non-overnight meal expenses use the "Non-Overnight Travel Reimbursement Form".
Meals will be reimbursed in accordance with policy at the following rates. These rates are reviewed annually and this form updated as needed.

- | | |
|-------------|---|
| RATE | TRAVEL STATUS |
| \$59 | Single calendar day of overnight travel when that day is neither the first nor the last day of travel.
<u>The per day reimbursement rate does not apply when one or more meals are provided as part of the registration fee.</u> Remaining meals not provided in the registration fee may be reimbursed as follows:
Breakfast . . . \$14 Lunch \$16 Dinner \$29 |
| \$44 | First and last day of overnight travel (approx 75% of full daily amount). |

I hereby certify that the distances documented in this statement have been necessarily traveled and that the expenses for which reimbursement is claimed were incurred in the service of Granville County.

Traveler's Signature

Supervisor's Signature

Finance Director/Assistant Director Signature