



REIMBURSEMENT TRAVEL AND MEAL EXPENSES

Name: _____ V# _____ Date of Request _____

Dept: _____ Trip to: _____

Purpose of Trip: _____

Comments: _____

This information must be filled in.

Departure date of trip: _____ Time you left: ____:____ AM/PM

Return date of trip: _____ Time you returned: ____:____ AM/PM

Scheduled workday ___ Yes ___ No Are you to be paid by County for this day? ___ Yes ___ No
(Regular pay, Overtime, Comp Time, Vacation, Other)

DEPT. ACCOUNT CODE #: _____ . _____ . 000

EXPENSES: MILES _____ at 67 cents per mile \$ _____

NUMBER OF MEALS _____ \$ _____

MISCELLANEOUS EXPENSES (Parking) \$ _____

TOTAL AMOUNT OF REIMBURSEMENT \$ _____

The above expenses were duly incurred by me in the performance of my job and were incurred in the best interests of Caswell County.

Meals

Date: _____	Date: _____	Date: _____	Date: _____	
\$6 - Breakfast _____	\$6 - Breakfast _____	\$6 - Breakfast _____	\$6 - Breakfast _____	Total \$ _____
\$8 - Lunch _____	\$8 - Lunch _____	\$8 - Lunch _____	\$8 - Lunch _____	
\$16 - Dinner _____	\$16 - Dinner _____	\$16 - Dinner _____	\$16 - Dinner _____	

**** Meals that are included in registration fees or meals provided during a workshop or conference cannot be included in a reimbursement claim.**

_____ Employee Signature _____ Dept. Head Approval

_____ County Manager Approval _____ Finance Officer Approval

**See reverse side of this form for information on travel and meal reimbursements
Please attach receipts necessary for reimbursement**

Revised 01/01/2017