

## ROSEBUD COUNTY TRAVEL REIMBURSEMENT FORM

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

NORMAL SHIFT: \_\_\_\_\_ I.E. 8-5 M-F OR 7-5 M-TH WAS THERE AN OVERNIGHT STAY:  YES  NO

**\*\*RECEIPTS FOR MEALS, OR OTHER EXPENSES MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS\*\***  
**PER POLICY, CLAIMANT HAS UP TO 3 MONTHS AFTER TRAVEL TO REQUEST REIMBURSEMENT**

DATES OF TRAVEL	POINT OF DEPARTURE	DESTINATION	TIME DEPARTED	TIME ARRIVED

**TOTAL LODGING:** \$ \_\_\_\_\_

NOTE: Reimbursement for lodging will be \$12.00 per night if no receipt is provided.

MEALS	USE TALLY MARKS TO INDICATE MEALS	FACE VALUE OR MAX REIMBURSEMENT AMOUNT:	TOTAL
MORNING 12:01a – 10:00a		\$16.00	
MIDDAY 10:01a – 3:00p		\$19.00	
EVENING 3:01p – 12:00a		\$28.00	

*DO NOT INCLUDE TIPS OR ALCOHOL*

**TOTAL MEALS: \$** \_\_\_\_\_

**TOTAL TRANSPORTATION:** \$ \_\_\_\_\_

IF USING PERSONAL VEHICLE:      ROUNDTrip MILES \_\_\_\_\_ X CURRENT MILEAGE RATE = \_\_\_\_\_

COMMERCIAL FARE \$ \_\_\_\_\_      UBER/TAXI/PARKING \$ \_\_\_\_\_

**OTHER EXPENSES:** (please explain) \_\_\_\_\_

**FOR DAY TRIP MEALS, PLEASE CODE AND TURN IN WITHOUT A CLAIM FORM BY THE 20<sup>TH</sup> SO IT CAN BE ADDED TO PAYROLL**

FUND	DEPT	FUNCT	ACT	SUB	OBJ	AMOUNT

**TOTAL REIMBURSEMENT REQUEST: \$** \_\_\_\_\_

CLAIMANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_