PIKE COUNTY OFFICIAL TRAVEL REIMBURSEMENT REQUEST FORM

Date(s) of official travel:			
			(describe travel)
on (date(s)). I hereby certify that			
Parking or cab fare reimburs	ement request: \$	5	for parking or
attaching receipts showing actual parking or cab fare expenses incurred.			
7. Meals reimbursement request: \$ I am attaching receipts			
showing actual meal expenses incurred, and I certify that I am not requesting			
more than \$40 reimbursement for a full day of official travel, and not more than			
\$20 reimbursement for a partial day of official travel.			
Lodging reimbursement requ	uest: \$	I am	attaching receipts
showing actual lodging expenses incurred, and I certify that my lodging expenses			
The applicable conference rate for conferences and training events,			
or 120% of the applicable conference rate if there were no more rooms			
available at the applicable conference rate.			
The applicable Government Services Administration (GSA) rate			
available at www.gsa.gov if the official travel was not for a conference or a			
training event, or if there was no applicable conference rate.			
An amount that was pre-approved by my supervisor or office head.			
9. Tip reimbursement request: \$ I certify that I actually paid this			
10.I understand that if my actual travel expenses exceed the County's thresholds, I			
		Reimbursement	Request Form is
true and correct. Submitted b	oy:		
	Det	Α	
∟mployee Name (print)	Date		ved by (signature of
Formal and the state of the sta		superv	isor or office head)
⊏mpioyee job title/oπice			
Employee Signature		Approv	val Date
	Location of official travel: Purpose of official travel: Mileage reimbursement requ for miles driven on Other travel (non-mileage) re on this non-mileage official trave Parking or cab fare reimburs cab fare on attaching receipts showing a Meals reimbursement reques showing actual meal expens more than \$40 reimburseme \$20 reimbursement for a par Lodging reimbursement reques showing actual lodging expe do not exceed (check one) The applicable of available at the application available at www.gsa. training event, or if the An amount that Tip reimbursement request: amount in tips related to my I understand that if my actual will only be reimbursed up to I hereby certify that everythir true and correct. Submitted to Employee Name (print) Employee job title/office	Location of official travel: Purpose of official travel: Mileage reimbursement request: Please reim for miles driven on Other travel (non-mileage) reimbursement request: on this non-mileage official travel was pre-approparking or cab fare reimbursement request: \$\frac{1}{2}\$ cab fare on attaching receipts showing actual parking or one deals reimbursement request: \$\frac{1}{2}\$ showing actual meal expenses incurred, and more than \$40 reimbursement for a full day of \$20 reimbursement for a partial day of official Lodging reimbursement request: \$\frac{1}{2}\$ showing actual lodging expenses incurred, and do not exceed (check one) The applicable conference rate for 120% of the applicable conference available at the applicable conference available at www.gsa.gov if the official training event, or if there was no applice An amount that was pre-approve Tip reimbursement request: \$\frac{1}{2}\$ amount in tips related to my official travel. I understand that if my actual travel expenses will only be reimbursed up to the County's rei. I hereby certify that everything in this Travel For true and correct. Submitted by: Employee Name (print) Date Employee job title/office	this non-mileage official travel was pre-approved by my super Parking or cab fare reimbursement request: \$