

PIKE COUNTY OFFICIAL TRAVEL REIMBURSEMENT REQUEST FORM

1. Date(s) of official travel: _____
2. Location of official travel: _____
3. Purpose of official travel: _____
4. Mileage reimbursement request: Please reimburse me at the applicable IRS rate for _____ miles driven on _____ (date(s)) using my vehicle.
5. Other travel (non-mileage) reimbursement request: \$_____ for _____ (describe travel) on _____ (date(s)). I hereby certify that this non-mileage official travel was pre-approved by my supervisor/office head.
6. Parking or cab fare reimbursement request: \$_____ for parking or cab fare on _____ (date(s)). I am 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.
8. Lodging reimbursement request: \$_____. I am attaching receipts showing actual lodging expenses incurred, and I certify that my lodging expenses do not exceed (check one)
 - _____ 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 amount in tips related to my official travel.
10. I understand that if my actual travel expenses exceed the County's thresholds, I will only be reimbursed up to the County's reimbursement thresholds.
11. I hereby certify that everything in this Travel Reimbursement Request Form is true and correct. Submitted by:

Employee Name (print) Date

Employee job title/office

Employee Signature

Approved by (signature of supervisor or office head)

Approval Date