



**TRAVEL EXPENSE REIMBURSEMENT FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

**Private Auto Miles:** (*MapQuest/Google Maps/Etc. required beginning at Lakewood or home, whichever is shorter*)

To: \_\_\_\_\_ Miles: \_\_\_\_\_ @ 72.5 cents per mile \$ \_\_\_\_\_

**Per Meal Rate:** (*Itinerary and Hotel information required*)

DATE(M/D/Y)	BREAKFAST \$18	LUNCH \$20	DINNER \$36
TOTAL	\$	\$	\$

\$ \_\_\_\_\_

**Lodging & Other Misc. Expenses** (*Attach Original Receipts*)

DESCRIPTION	EXPLANATION
LODGING	
REGISTRATION	
PARKING/FERRY TOLLS	
OTHER	

\$ \_\_\_\_\_

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof."*

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BUSINESS OFFICE ONLY:**

Less travel advance(if received) \$ -- ( \_\_\_\_\_ )  
Total travel reimbursement \$ \_\_\_\_\_