LANCASTER COUNTY
CLAIM FOR TRAVEL EXPENDITURES

LAST NAME, FIRST NAME, MI	HOME ADDRESS

	DATE	TIME		DATE	TIME
DEPARTED			RETURNED		

LOCATION TRAVELED TO (CITY AND STATE):

MEALS CLAIMED

DATE	BREAKFAST	LUNCH	SUPPER	$AMT	DATE	BREAKFAST	LUNCH	SUPPER	$AMT
				0.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00
				0.00					0.00

Circle the meals to be paid and write in the amount to be reimbursed.

Reimbursement for meals is not to exceed:

for most localities $40.00 ($10 breakfast, $10 lunch, $20 supper),

high-cost localities $50.00 ($10 breakfast, $15 lunch, $25 supper)

Total for meals $_____0.00_____

TRAVEL BY PRIVATE AUTO (OWNER/OPERATOR): **YES** **NO**

IF YES, NUMBER OF MILES CLAIMED: _____ @ _.540_ = $_____0.00_____

DID YOU RECEIVE A TRAVEL ADVANCE: **YES** **NO**

IF YES, PAYMENT VOUCHER NUMBER:_____ AMOUNT: $_____ DATE:_____

DATE	REIMBURSABLE EXPENDITURES (EXCLUDING MEALS) DESCRIPTION	AMT CLAIMED	ALLOWED
	TOTAL	0.00	0.00

Receipts are required for: lodging (detailed), auto rental, airline tickets, out-of-pocket expenses for county owned vehicle.

I hereby claim any amount due me. The statements and attachments are true and complete.	SIGNATURE OF CLAIMANT	DATE
I Certify that I have Reviewed and Approve this claim.	SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE	DATE

Reference: Lancaster County Resolution Number R-07-0034