

**FALLON COUNTY
TRAVEL EXPENSE VOUCHER**

Rev 8/2007

Name

Address

Address

Month/Year

Department

Briefly explain nature of trip(s):

Date	Depart Time	Arrival Time	Travel Details	County Car Avail. Y or N	Mode of Travel	Personal Car Mileage	Mileage Allowance	Per Diem Allowed		Other Expenses	Total Amount
								Attach Lodging Receipt	Meals		
1											
2											
3											
4											
5											
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29											
30											
31											

Column Totals										
County Vehicle Tax										
Reimbursement to Employee										

Explain Miscellaneous Expenses

I hereby certify that this is a valid travel claim to the County in accordance with statutes and administrative procedures.		Employees Signature	Date
	SUPERVISOR'S APPROVAL		

INSTRUCTIONS - TRAVEL EXPENSE VOUCHER

- A. Prepare the Travel Expense Voucher - Original to Clerk & Recorder, Copy for employee(if desired)
- B. Record your complete name and mailing address in the block provided.
- C. Indicate the month for which the Travel Expense Voucher is being completed, and the department.
- D. Indicate the general purpose of the travel. For example: attendance at a training conference; workshop or meeting.
- E. Complete the portions of the form as indicated below(See section 2.4.100 A.R.M. for additional instructions)

COLUMN	REQUIREMENT	AMOUNT
1	Record the time of departure, mark 'A' for a.m. or 'P' for p.m.(12:00 noon is p.m.)	
2	Record the time of arrival indicating 'A' for a.m. or 'P' for p.m.(12:00 midnight is a.m.)	
3	Describe the travel in terms of departure point, destination point. Reason for travel.	
4	Code the mode of travel as follows: PC-Private Car; OT-Other Transportation(explain)	
5	Indicate total car mileage if personal car was used. When more than one employee shares personal transportation, only one mileage allowance may be claimed.	
6	Enter extension amount for mileage allowed calculated as follows: Total Mileage(column 5 x rate = Mileage Allowance. Miles driven in excess of 1,000 during a month will be reimbursed at the lower rate	
7	Enter the amount of expense allowed based on the following schedule:	
	TRAVEL TIME	AMOUNT
	Meals:	
	a. Three hours or less	None
	b. Greater than 3 hours	
	Morning (12:01 a.m. to 10:00 a.m.)	\$ 5.00
	Midday (10:01 a.m. to 3:00 p.m.)	\$ 6.00
	Evening (3:01 p.m. to 12:00 midnight)	\$ 12.00
	1. Maximum one meal allowed per normal workshift (8-5)	
	2. Maximum of two meals if travel commenced more than 1 hour before or terminated more than 1 hour after employee's normally assigned work shift	
	Lodging:	
	Actual cost(must be supported by original receipt)not exceeding	\$ 85.00
	If receipt is not available and travel included over-night stay	\$ 12.00
8	Enter all expenses entitled for reimbursement and not provided in mileage allowance or expense rate. For example: airline ticket, taxi fare. Receipts are to be obtained and attached to the Clerk & Recorder's copy of the Travel Expense Voucher <u>County Vehicle</u> driven from work to home and home to work \$3/day benefit amount Do not list the \$3/day if on vacation, sick leave, away from home on business or on weekends.	
9	Enter total amount allowed by day.	
10	Enter Column totals for columns 5 thru 9 on line 10.	

- F. The Travel Expense Voucher must be signed by the employee claiming the expenses and filed within 90 days.
- G. The Travel Expense Voucher must be approved by the employee's supervisor or department head.