

CLAIM FOR REIMBURSEMENT

PAYEE NAME: _____

PAYEE ADDRESS: _____

AUTHORIZED/APPROVED BY: _____ DATE: _____

VERIFICATION: The undersigned under penalty of perjury, states that all items on this claim are true and correct, that no portion has been paid, that claim is presented within one year after last item is accrued.

SIGNATURE _____ DATE: _____

DATE	PLACE	MILES	AMOUNT	FARES	HOTEL	BRKFST	LUNCH	DINNER	MISC	TOTAL

TOTAL \$ _____

I am requesting a per diem rate based on Administrative Regulation #4133.
Start Day _____ **Time** _____ **Return Day** _____ **Time** _____ **Initial Here** _____

PURPOSE OF TRIP: _____

TRIP #1: ODOMETER READING _____ TO _____ **.535** per mile
 TRIP #2: ODOMETER READING _____ TO _____ **.535** per mile
 TRIP #3: ODOMETER READING _____ TO _____ **.535** per mile
 TRIP #4: ODOMETER READING _____ TO _____ **.535** per mile

Continue additional trip odometer readings on back.

IMPORTANT: ALL EXPENSES MUST BE SUPPORTED BY RECEIPTS

FUND: _____ RESOURCE: _____ Y: _____ OBJECT: _____ ID#: _____ GOAL: _____ FUNCTION: _____
 FUND: _____ RESOURCE: _____ Y: _____ OBJECT: _____ ID#: _____ GOAL: _____ FUNCTION: _____
 VENDOR #: _____

[forms\reimbursement.doc \(REV 01/2017\)](#)

Petty Cash Check # _____ Petty Cash Check \$ _____ Date _____