

2023 Non-Employee Expenditure Reimbursement Request - Effective 01/01/2023

Name _____ Address: _____ Department _____ Purpose _____ Description/Title _____ Registration Cost \$ _____	Destination _____ City /State: _____ Pre-Arranged Travel Method _____ Pre-Arranged Travel Cost \$ _____ Type of Pre-Arranged Travel Cost _____ Trvl Purchase Date _____
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PLEASE COMPLETE EACH FIELD ABOVE (SEE FORM INSTRUCTIONS TAB BELOW)

(A) MEAL & INCIDENTAL EXPENSES (M&IE)							
Instructions: Meal & Incidental Expenses (M&IE) • An overnight stay is required for an M&IE reimbursement. • M&IE amounts are based on the Daily Federal Per Diem of the primary destination. • Use the GSA meal rate chart to determine meal rate breakdowns for all travel. • Deduct for any provided meals. Provided meals are those included in lodging or conference and are not reimbursable. • Allowable M&IE amounts are reimbursed at 75% of the daily per diem rate on first and last days of travel. Lodging • Lodging reimbursements are based on the Federal Per Diem of the final destination. • Room rates up to 150% shall be approved within the county department or office prior to departure. • Lodging amounts over 150% of the standard GSA rate must be pre-approved by the County Manager for departments and Elected Officials for their office. • Room rates beyond 200% of the Federal Per Diem for location of overnight stay will not be reimbursed. • Itemized lodging receipt must be presented for reimbursement.				Total Meal Charges			
Date	Daily Per Diem Total	Meals provided (Enter meal amount from M&IE breakdown chart) Breakfast -- Lunch -- Dinner			Sub-Total Allowable M&IE	First & Last Day of Travel Type Y	Total due to employee
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
					\$ -		\$ -
TOTAL						★	

(B) Mileage			
Date	Destination & Purpose	Mileage	Amount
			\$ -
			\$ -
			\$ -
			\$ -
Miles traveled x 0.655		★	\$ -

(C) Authorized Expenditures Other than Meals & Mileage		
Date	Item purchased	Amount
TOTAL:		★ \$ -

Continue to next tab-Reimb Form Additional Page if more entry lines are needed

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. By my signature below, I declare this claim and transaction to be whole between myself and Thurston County.

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Thurston County, and that I am authorized to certify to said claim.

Signature & Date

Print Name

Authorizing Signature & Date

Print Name

ORG	OBJ	PROJECT	AMOUNT

Total \$ -

Total Due Employee

\$