

## 2024 Non-Employee Expenditure Reimbursement Request - Effective 01/01/2024

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

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">A</span> <b>MEAL &amp; INCIDENTAL EXPENSES (M&amp;IE)</b> </div>						
<b>Instructions:</b>  <b>Meal &amp; Incidental Expenses (M&amp;IE)</b> • 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.  <b>Lodging</b> • 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.				<b>Total Meal Charges</b>		
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	
			\$ -		\$ -	
			\$ -		\$ -	
			\$ -		\$ -	
			\$ -		\$ -	
			\$ -		\$ -	
<b>TOTAL</b>				★	\$ -	

  

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">B</span> <b>Mileage</b> </div>			
Date	Destination & Purpose	Mileage	Amount
			\$ -
			\$ -
			\$ -
			\$ -
<b>Miles traveled x 0.670</b>		★	\$ -

  

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">C</span> <b>Authorized Expenditures Other than Meals &amp; Mileage</b> </div>		
Date	Item purchased	Amount
<b>TOTAL:</b>		★
		\$ -

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.

ORG	OBJ	PROJECT	AMOUNT

Total \$ -

Total Due Employee

\$ -

Signature & Date

Authorizing Signature & Date

Print Name

Print Name