

## 2024 Employee Expenditure Reimbursement Request - Effective 01/01/24

Name & ID Number \_\_\_\_\_

Department \_\_\_\_\_

Purpose \_\_\_\_\_

Description/Title \_\_\_\_\_

Registration Cost \$ \_\_\_\_\_

Destination \_\_\_\_\_

Pre-Arranged Travel Method \_\_\_\_\_

Pre-Arranged Travel Cost \$ \_\_\_\_\_

Type of Pre-Arranged Travel Cost \_\_\_\_\_

Trvl Purchase Date \_\_\_\_\_

PLEASE COMPLETE EACH FIELD ABOVE (SEE FORM INSTRUCTIONS TAB BELOW)

(A) MEAL & INCIDENTAL EXPENSES (M&IE)							
<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.							
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
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
Deduct 3rd party reimbursement						(	\$
<b>TOTAL</b>						★	

(B) Mileage			
Date	Destination & Purpose	Mileage	Amount
			\$
			\$
			\$
			\$
<b>Miles traveled x 0.670</b>		★	\$

(C) Authorized Expenditures Other than Meals & Mileage		
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