***Washington Counties Risk Group***

***TRAVEL EXPENSE REIMBURSEMENT REQUEST***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | | | | | | |  | | | | | | | |
| Purpose of Trip: | | | | | |  | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | |  | | | | | | | | | | | | |
| Mileage: | | | From: | | |  | | | | | | | To: |  | | | | |
| Total Roundtrip Miles: | | | | | | |  | | | | | @ $0.625/mile = | | | | | $ | |
| Meals (*Per Diem: Breakfast = $10 / Lunch = $10 / Dinner = $20*): | | | | | | | | | | | | | | | | $ | | |
| Lodging Expense (attach receipts): | | | | | | | | | | $ | | | | | | | | |
| Total Reimbursement Requested: | | | | | | | | | $ | | | | | | | | | |
| Reimbursement To Be Paid To: | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Approved By: | | | | |  | | | | | | | | | Date: | | | |  |