

**TRAVEL REIMBURSEMENT
For Employees and Board Members**

To Be Used When Overnight Travel is Required

Name _____
Address _____

Employee E# _____

RECEIPTS MUST BE ATTACHED

FOR EXPENSES IN CONNECTION WITH:

Purpose of Meeting _____

Meeting at _____ Dates _____

TRANSPORTATION:

Airfare (documentation required) at \$ _____ \$ -
or number of miles _____ at 0.625 \$ -
based on GSA mileage rates at <http://www.gsa.gov>

PER DIEM:**

Departure Date _____ Time _____ AM PM

In-State Rates (based on State of Alaska rates):

Sun Mon Tue Wed Thu Fri Sat

Hotel @ actual _____ \$ -

Breakfast @ \$12 _____ \$ -

Lunch @ \$16 _____ \$ -

Dinner @ \$32 _____ \$ -

(Out-of-State rates based on federal GSA per diem rates, <http://www.gsa.gov>)

Return Date _____ Time _____ AM PM

OTHER EXPENSES:

Please list _____

TOTAL \$ -

I certify the above is a true statement of expenses incurred by me in connection with the activity noted above and accordingly make claim for reimbursement.

Date

Employee Signature

Account number

Administrator Approval

** No meals or incidental expenses shall be paid unless associated travel requires extended hours, out of district travel or overnight lodging. To be eligible for meal reimbursement on the day travel begins or ends, an individual must be in travel status for a minimum of three consecutive hours within the meal period noted below:

Breakfast: Midnight to 10:00 AM

Lunch: 10:00 AM to 3:00 PM

Dinner: 3:00 PM to Midnight

Must Be Submitted Monthly