# TRAVEL REIMBURSEMENT
## For Employees and Board Members

To Be Used When Overnight Travel is Required

Name

Employee E#

Address

**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 0.655 | $ - |

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