

ARROWHEAD REGIONAL DEVELOPMENT COMMISSION

2024 Travel Expense Reimbursement Form

Name: _____
 Address: _____

Division or Committee
 AAAA/SLL _____

See instructions for completing form on reverse side

DATE	LOCATION AND PURPOSE	Project (Element)	Bkfst.	Lunch	Dinner	Lodging	\$ Mileage	Other Expenses	Description Other Expenses	TOTAL AMOUNT	
Totals	Obtain M & I maximum eligible rates for travel from www.gsa.gov (CONUS)									Balance Due	-

PERSONAL VEHICLE MILEAGE WORKSHEET

DATE	Travel Purpose	Car Pool Avail.		Travel Log			TOTAL MILES	RATE	TOTAL AMOUNT
		Yes	No	TO	FROM	RETURN TO			
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	
								\$ 0.670	

To the best of my knowledge, the above claim is correct, the amounts charged herein were actually and necessarily disbursed in performance of official duties for the Commission and No part of this claim has been previously reimbursed except as an advance.

Signature _____ Date _____

Supervisor _____ Date _____

Division Director _____ Date _____

FOR ACCOUNTING ONLY:			
Audited by: _____	Date: _____		Staff Mileage 51100
			Staff Gasoline 51102
Vendor #: _____	VR #: _____		Staff Air travel 51103
			Staff Cab 51104
Element: _____	GL: _____	Amount _____	Staff Meals 51110
			Staff Lodging 51111
			Staff Conference 51112
			Staff Misc 51113
			Board Mileage 51000
			Board Gasoline 51002
			Board Airfare 51003
			Board Meals 51010