

FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement request for Annual Application Review Meeting

Today's Date: _____

Receipts for meals must be included.

Payee: _____

Cost Center: **6310** Function Code: 010

Object Code: **202**

Description: **Meal(s) on day of Application Review Meeting** (receipt required, listing items purchased)

Left Home: _____ AM/PM, Returned Home: _____ AM/PM

Amount: _____

Cost Center: **6310** Function Code: 010

Object Code: **204**

Description: **Round Trip Miles _____ for Application Review Meeting**

From: _____

To: _____

Amount: _____

Meeting Date: _____

Total Amount: _____

Claimant Signature _____

Date _____

NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day. *Please include departure time and return time.* Itemized receipts listing what was purchased **must** be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) For Combined meals: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement request for Trails Summit Planning Meeting

Today's Date: _____

Receipts for meals must be included.

Payee: _____

Cost Center: **6310**

Function Code: 010

Object Code: **202**

Description: **Meal(s) on day of Trails Summit Planning Meeting** (receipt required, listing items purchased)

Left Home: _____ AM/PM, Return Home: _____ AM/PM

Amount: _____

Cost Center: **6310**

Function Code: 010

Object Code: **204**

Description: **Round Trip Miles _____ for Trails Summit Planning Meeting**

From: _____ To: _____

Amount: _____

Meeting Date(s): _____

Total Amount: _____

Claimant Signature _____

Date _____

NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day. *Please include departure time and return time.* Itemized receipts listing what was purchased **must** be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) For Combined meals: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement request for Attending Iowa Trails Summit

Today's Date: _____

Receipts for meals and lodging (if applicable) must be included.

Payee: _____

Cost Center: **6310** Function Code: 010 Object Code: **202**

Description: **Meal(s)** (receipt required, listing items purchased)

Left Home: _____ (date) _____ AM/PM, Return Home: _____ (date) _____ AM/PM **Amount:** _____

Cost Center: **6310** Function Code: 010 Object Code: **203**

Description: **Lodging** (if applicable) (receipt required)

Amount: _____

Cost Center: **6310** Function Code: 010 Object Code: **204**

Description: **Round Trip Miles** _____ **for attending Trails Summit**

From: _____ **To:** _____ **Amount:** _____

Cost Center: **6310** Function Code: 010 Object Code: **206**

Description: **Parking** (if applicable) (receipt required)

Amount: _____

Cost Center: **6310** Function Code: 010 Object Code: **209**

Description: **In-State Conference Registration** (copy of registration and proof of payment required)

Amount: _____

Trails Summit Date(s): _____ **Total Amount:** _____

Claimant Signature _____

Date _____

NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day (see below under Example). *Please include departure time and return time.* Itemized receipts listing what was purchased **must** be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal. If meals are included with the registration, that meal is **not** reimbursable if you choose to not eat the meal included with the registration.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) Combined meals: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt. Room service requires a receipt. If a meal (such as lunch) is catered, the amount of this meal is included as part of the \$43 per day maximum and should be noted.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

Lodging: maximum reimburseable amount is \$83.00 plus tax.

FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement request for Attending Iowa Bicycle Summit

Today's Date: _____

Receipts for meals and lodging (if applicable) must be included.

Payee: _____

Cost Center: **6310** Function Code: 010 Object Code: **202**

Description: **Meal(s)** (receipt required, listing items purchased)

Left Home: _____ (date) _____ AM/PM, Return Home: _____ (date) _____ AM/PM **Amount:** _____

Cost Center: **6310** Function Code: 010 Object Code: **203**

Description: **Lodging** (if applicable) (receipt required)

Amount: _____

Cost Center: **6310** Function Code: 010 Object Code: **204**

Description: **Round Trip Miles** _____ **for attending Iowa Bicycle Summit**

From: _____ To: _____ **Amount:** _____

Cost Center: **6310** Function Code: 010 Object Code: **206**

Description: **Parking** (if applicable) (receipt required)

Amount: _____

Cost Center: **6310** Function Code: 010 Object Code: **209**

Description: **In-State Conference Registration** (copy of registration and proof of payment required)

Amount: _____

Bicycle Summit Date(s): _____ **Total Amount:** _____

Claimant Signature _____ Date _____

NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day (see below under Example). *Please include departure time and return time.* Itemized receipts listing what was purchased **must** be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal. If meals are included with the registration, that meal is **not** reimbursable if you choose to not eat the meal included with the registration.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) Combined meals: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt. Room service requires a receipt. If a meal (such as lunch) is catered, the amount of this meal is included as part of the \$43 per day maximum and should be noted.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

Lodging: maximum reimburseable amount is \$83.00 plus tax.