



EXPENSE REIMBURSEMENT VOUCHER

Name: _____

Address: _____
Street City State Zip

Department: _____ Dates of Travel: _____

Travel From: _____ Travel To: _____

Reason for Travel: _____

*State Meal Rates, Effective 07/01/2019	BREAKFAST (leave before 5:31 am / arrive after 7:59 am)	LUNCH (leave before 11:31 am / arrive after 12:59 pm)	DINNER (leave before 5:31 pm / arrive after 7:59 pm)	DAILY MAXIMUM TOTAL
In-State	\$6.00	\$14.00	\$20.00	\$40.00
Out of State	\$10.00	\$18.00	\$28.00	\$56.00
Date				
Date				
Date				
Date				

Total Meal Expenses:
Meal receipts must be attached if greater than state rates. \$ _____

Total Mileage: _____ miles @ \$0.655/mile \$ _____
**Federal Rate, Effective 01/01/2023*

Total Lodging Expenses:
Lodging receipt must be attached. \$ _____

Total Miscellaneous Expenses:
Description: _____ \$ _____
Attach receipts if applicable.

TOTAL REIMBURSEMENT \$ _____

Signature of Claimant

Date