

NEO A&M COLLEGE

Travel Reimbursement Summary

Name _____		CWID: _____		Date: _____	
Department #: _____		Department Name: _____			
Purpose of Travel: _____					
College Vehicle #: _____ or License # of Privately Owned Vehicle _____					
(Destination/Purpose lines for multiple points visited.)					
DEPARTURE: FROM _____ DATE _____ TIME _____ am/pm					
Destination/Purpose: 1. _____		Arrival Date&Time _____		am/pm -Departure Date&Time _____ am/pm	
Destination/Purpose: 2. _____		Arrival Date&Time _____		am/pm -Departure Date&Time _____ am/pm	
Destination/Purpose: 3. _____		Arrival Date&Time _____		am/pm -Departure Date&Time _____ am/pm	
RETURN: TO _____ DATE _____ TIME _____ am/pm					

Travel Reimbursement Calculation*

Per Diem:

(\$59.00 in-state/\$64.00 Oklahoma County)

\$ _____

Less Meals Provided

(\$14.75 in-state/\$16.00 Oklahoma County/\$14.75)

(_____) = \$ _____

Per Diem in Lieu of Subsistence:

(\$65.00 in-state/\$71.00 Oklahoma County)

Less Meals Provided

(\$16.25 in-state/\$17.75 Oklahoma County)

\$ _____

(_____) = \$ _____

Lodging:

(Maximum \$96 in-state/\$104 Oklahoma City)

\$ _____

Mileage: (Use of Personal Vehicle/\$0.625 per mile)

\$ _____

Public Transportation:

(Non-mileage; e.g., railroad, airplane, bus, taxi, etc.)

\$ _____

Miscellaneous Expense:

(e.g., toll, parking, business-related phone calls, registration fees, etc.)

\$ _____

Total Travel Expense Claimed

\$ _____

*Out-of-State Rates for per diem and lodging to be determined by GSA Regulations

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account; that said account is just, correct, due, and according to law; and that the amount claimed after allowing all just credits; is now due and wholly unpaid, and that I am duly authorized to make the affidavit, so help me God. I also, upon oath, say these expenses were incurred by me while performing an official college function and that a false application for reimbursement of travel expense will be grounds for termination and criminal prosecution.

Claimant Signature

Date

SEE REVERSE SIDE FOR AUTHORIZED RATES

NEO A&M COLLEGE

Travel Reimbursement Authorized Rates*

Meals and Incidental Expenses - Maximum Daily Allowance:

		<u>In-State</u>	<u>Oklahoma County</u>
1 day	(24 hours)	\$59.00	\$64.00
$\frac{3}{4}$ day	(18 hours)	44.25	48.00
$\frac{1}{2}$ day	(12 hours)	29.50	32.00
$\frac{1}{4}$ day	(6 hours*)	14.75	16.00

*Payment for each quarter day or major fraction thereof (more than 3 hours), will be made at the $\frac{1}{4}$ day rate show above.

Per Diem in Lieu of Subsistence - Maximum Daily Allowance:

		<u>In-State</u>	<u>Oklahoma County</u>
1 day	(24 hours)	\$65.00	\$71.00
$\frac{3}{4}$ day	(18 hours)	48.75	53.25
$\frac{1}{2}$ day	(12 hours)	32.50	35.50
$\frac{1}{4}$ day	(6 hours*)	16.25	17.75

*Payment for each quarter day or major fraction thereof (more than 3 hours), will be made at the $\frac{1}{4}$ day rate show above.

Mileage Reimbursement/Private Vehicle: (\$.625)

Lodging Reimbursement Rate:

	<u>In-State</u>	<u>Oklahoma City</u>
Standard	\$96.00	\$104.00

*Out-of-State Rates for per diem and lodging to be determined by GSA Regulations

Visit: www.gsa.gov