

Travel Voucher/Expense Reimbursement Report

Employee _____ Department _____
 Travel Purpose _____
 Travel Location _____

Travel Itinerary:	Date	Location	**Allowed		
			Miles	Per Diem	Lodging
Start (depart)**					
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
End (arrive)**					

****50% of Per Diem paid on 1st and Last travel day - please see policy**

Totals			
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Travel Mode: Vehicle (Choose One) _____
 Other-Describe Mode _____

Travel Status: Local (less than 75mi one way-actual expenses) _____
 Long-Distance (more than 75mi one way-per diem) _____

Deduct Meals provided by Event or Business Meals:		Date	Which Meal	Per Diem Deduction	Date	Which Meal	Per Diem Deduction	
All								
Partial								
(Breakfast 20% , Lunch 30%, Dinner 50% of Per Diem)								
2023 Per Diem = \$73.00							Total	

Other Reimbursable Expenses:

Date	Description	Amount
Total Other Reimbursable Expenses		

Reimbursement Payment Summary (Amounts from above):

Add:	Miles	Rate	Amount
Transportation			
Allowed Per Diem			
Lodging			
Reimbursable Expenses			
Less:			
Meals Provided			
Prior Advances received			
(enter negative value-->)			
Amount Due To/(From) employee			

I certify that the above statements are true and accurate in all respects and that the amounts indicated are due to me in conjunction with my official duties as a Grand County employee.

Employee Signature _____ Date _____

Department Head _____ Date _____

The per diem rate for travel within Colorado is established annually by the BOCC.
 Per diem rates for other locations are listed at [GSA.gov/perdiem](https://www.gsa.gov/perdiem).
 (Attach additional pages if more space is needed)

Business Meal and Expense Reimbursement Form

Employee _____ Department _____
 Business Purpose _____
 Topics Discussed _____
 Location _____

Attendees' Names	Entity Represented

I certify that the above information is true and accurate in all respects and that the function was held in conjunction with my official duties as a Grand County employee.

Employee Signature _____ Date _____

Department Head _____ Date _____