NCOT GRANT RELATED TRAVEL

TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE GRANT GUIDELINES FOR TRAVEL REGULATIONS)

Name:

Grant #:

Organization:

Address:

I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates.

No | **Travel Advance**

Signature of Traveler *Date*

Agency Approval *Date*

Traveler is:

	State Employee
	Member of Board or Commission
X	Independent Contractor Whose Contract Provides for Travel

Transportation Codes	
PC: Private Car State Rate	**P**: Plane
PCR: Private Car Personal Convenience Rate	**PT**: Public Tranportation (Subway, City Bus)
SC: State Car (Agency Car, Motorpool)	**OT**: Other* (Taxi, Rental Car, Shuttle, etc.)
X: Passenger in Car	
Other Codes:	
A: ATM Fees	**I**: Incidental Expense

DATE	DETAIL	TIME		TRANSPORTATION			DAILY EXPENSES					PERDIEM TOTAL	CLAIM TOTAL
							Meals			Incidental	Lodging		
	DESTINATION AND PURPOSE OF EACH TRIP ("NO ACR0NYMNS")	ENTER TRAVEL	LEAVE TRAVEL	CODE	PC MILEAGE	TOTAL VEHICLE COSTS	B	L	D				
							See GSA Website for Rates						
						$ -						$ -	$ -
						$ -						$ -	$ -
						$ -						$ -	$ -
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						$ -						$ -	$ -
	HOST FUND EXPENSES: *write purpose on receipt*												$ -
	OTHER COSTS: ATM Fees, Internet, etc…												$ -
	AIR TRANSPORTATION:												$ -
	Other Personal Vehicle Costs: (Parking)												$ -
	Other State/Rental Car Costs: (Fuel, Parking)												$ -
	PUBLIC TRANSPORTATION: Other (i.e. Taxi, Rental, Shuttle, Subway, City Bus)												$ -
TOTAL OF THIS CLAIM:													$ -
LESS TRAVEL ADVANCE RECEIVED FROM THE TRAVELER'S AGENCY OR STATE TREASURER:													$ -
BALANCE DUE TO TRAVELER:													$ -

Perdiem	=	$	-
Misc Transportation	=	$	-
Public Transportation	=	$	-
Personal Vehicle	=	$	-
Air Transportation	=	$	-
Other Costs	=	$	-
Host Expenses	=	$	-
Total Claim:		$	-

***Receipts are required for:**

"Other" transportation expenses

ATM and bank transactions
Lodging
and transportation expenses

Form Updated: 08/2011

Excel file name: C:\Users\sjames\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\799FZIDA\Travel Claim Form revised 7-2011_KARI.xls