

PINAL COUNTY, ARIZONA TRAVEL EXPENSE REQUEST

TRAVELER'S NAME:	DEPARTMENT:	DESTINATION (City/State/Zip Code):	TRAVEL METHOD:
PURPOSE OF TRIP:		COST CENTER/S:	
<u>ESTIMATE OF ALLOWABLE TRAVEL EXPENSES</u>		<u>ACTUAL ALLOWABLE TRAVEL EXPENSES</u>	
DATES AND TIMES OF TRIP:		DATES AND TIMES OF TRIP:	
Departure ___/___/___ am/pm		Departure ___/___/___ am/pm	
Return ___/___/___ am/pm		Return ___/___/___ am/pm	
Daily Per Diem Rate _____		Daily Per Diem Rate _____	
First/Last Day Of Travel Rate (75% of Daily Rate) _____		First/Last Day of Travel Rate (75% of Daily Rate) _____	
Meals Being Provided:		Meals Being Provided:	
Breakfast ___ Meals @\$_____/Meal _____		Breakfast ___ Meals@\$_____/Meal _____	
Lunch ___ Meals @\$_____/Meal _____		Lunch ___ Meals@\$_____/Meal _____	
Dinner ___ Meals @\$_____/Meal _____		Dinner ___ Meals@\$_____/Meal _____	
Lodging _____		Lodging _____	
Registration Fee _____		Registration Fee _____	
Transportation:		Transportation:	
Airfare _____		Airfare _____	
Personal Vehicle:		Personal Vehicle:	
Official Map Miles _____ @\$555/Mile _____		Official Map Miles _____ @\$555/Mile _____	
Commute Miles _____ @\$555/Mile _____		Commute Miles _____ @\$555/Mile _____	
Vehicle Rental _____		Vehicle Rental _____	
Taxi/Shuttle/Public Transportation _____		Taxi/Shuttle/Public Transportation _____	
Parking Fees/Tolls _____		Parking Fees/Tolls _____	
Telephone/Internet _____		Telephone/Internet _____	
Baggage Fees _____		Baggage Fees _____	
Other: _____		Other: _____	
TOTAL ESTIMATED EXPENSES _____		TOTAL ESTIMATED EXPENSES _____	
\$0.00		\$0.00	
<u>PREPAYMENTS AND ADVANCES</u>		<u>CERTIFICATION AND AUTHORIZATION</u>	
Registration _____		I hereby certify/affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirement of the Pinal County travel policy.	
Lodging _____		Traveler x _____ Signature	
Other _____		Date Prepared ___/___/___	
TOTAL PREPAYMENT _____		Approving Authority x _____ Signature	
\$0.00		Date Approved ___/___/___	
Traveler x _____ Signature		CM /ACM x _____ Signature	
Date Prepared ___/___/___		(The County Manager or Assistant County Managers must approve out of state travel for Pinal County employees unless the Department is headed by an elected official)	
Approving Authority x _____ Signature		FINANCE DEPARTMENT	
Date Approved ___/___/___			
CM /ACM x _____ Signature		Reviewed by x _____ Signature	
(The County Manager or Assistant County Managers must approve out of state travel for Pinal County employees unless the Department is headed by an elected official)			
FINANCE DEPARTMENT		BOS x _____ TRIS x _____	
Reviewed by x _____ Signature		Signature _____ Signature _____	