OCONEE COUNTY, SOUTH CAROLINA
TRAVEL EXPENSE REIMBURSEMENT VOUCHER

Section One, Employee Information

I hereby certify that the following information is true and correct and that the expenses incurred resulted from official Oconee County business.

Vendor Number	Employee Name (please print clearly)	Employee Signature	Date

Division/Office	Manager/Director Signature

Section Two, Travel Identification (You must attach a meeting agenda or other documentation supporting your attendance.)

Purpose of Trip: _____

Destination - City, State: _____ Date/Time of Departure: _____ Date/Time of Return: _____

Section Three, Mileage

Please check **one** of the following (if online, click on box):

☐ Utilized Oconee County Vehicle (If County vehicle utilized, please check box and continue to section four.)

☐ Drove Personal Vehicle (Oconee County vehicle not available.) Round Trip Miles _____ X $ 0.535 Per Mile = **Total Mileage Requested:** $ 0.00

Section Four, Per Diem Rate or Meal Reimbursement

Oconee County will pay County Employees a per diem for overnight trips for meals and reimburse meal reciepts up to but not exceeding the per meal per diem rates for day trips while traveling on County Business, including travel related to training. No per diem will be paid for meals that are included in registration fees. The rates for overnight trips will be $8 for breakfast, $12 for lunch and $15 for dinner. Day trips require receipts and will be reimbursed for any amount up but not exceeding the same per meal rates for overnight trips. Per diem or reimbursement for breakfast will be paid if the employee is required to leave home before 7:30 am. Per diem or reimbursement for dinner will be paid if the employee returns home after 6 pm. Tips and alcoholic beverages will not be reimbursed.

OVERNIGHT TRIPS ONLY		# of Meals		
$ 0.00	Breakfast		X	$ 8.00
$ 0.00	Lunch		X	$ 12.00
$ 0.00	Dinner		X	$ 15.00
$ 0.00	**Total Per Diem Requested**			

OR

DAY TRIPS ONLY - RECIEPT REIMBURSEMENT ONLY		
	Total Breakfast Receipts	Maximum $8/Breakfast
	Total Lunch Receipts	Maximum $12/Lunch
	Total Dinner Receipts	Maximum $15/Dinner
$ 0.00	**Total Receipts for Meal Reimbursement** (Receipts MUST be attached.)	

☐ **If travel advance is required for the per diem for overnight trips only, check this box.**

Section Five, Accommodations Reimbursement - (The original hotel check-out receipt MUST be submitted to Accounts Payable along with this form.)

This section is to be completed for the room fees and taxes only. Any other charges that would qualify for reimbursement (i.e. parking fees, etc.) are to be detailed in Section Six of this form and proper receipts attached.

Accommodations Total From Attached Receipt: _____

Section Six, Miscellaneous Incurred Expenses (Taxi, Tolls, Parking, Registration Fees, etc.) - (RECEIPTS REQUIRED!)

Explanation of extra costs incurred:

_____

_____ **Total Miscellaneous Incurred Expenses**

Section Seven, Total Reimbursement Requested

Section 3		-		-		-		$ 0.00
				Line Item Number for Section 3				***Total Amount for Section 3***
Section 4		-		-		-		$ 0.00
				Line Item Number for Section 4				***Total Amount for Section 4***
Section 5		-		-		-		$ 0.00
				Line Item Number for Section 5				***Total Amount for Section 5***
Section 6		-		-		-		$ 0.00
				Line Item Number for Section 6				***Total Amount for Section 6***
							Total Reimbursement Requested	$ 0.00

Rev. January 2017