## FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement re	quest for Annual Application Re	view Meeting	Today's Date:			
Receipts for meals must be included.						
Payee:						
Cost Center: 6310	Function Code: 010			Object Code:	202	
Description: Meal(s	s) on day of Application Review	Meeting (receipt re	equired, listing iter	ns purchased)		
Left Home:	AM/PM, Returned Home:	AM/PM	Amount:			
Cost Center: 6310	Function Code: 010			Object Code:	204	
Description: Round	t Trip Miles for	Application Rev	iew Meeting			
From:	То:		Amount:			
Meeting Date:			otal Amount:			
Meeting Date.						
Claimant Signature		Date	e			

## NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day. *Please include departure time and return time.* Itemized receipts listing what was purchased <u>must</u> be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) For Combined meals : Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

# FRT Advisory Committee Travel Expense Reimbursement Summary Sheet

Reimbursement request for Trails Summit Planning Meeting		<mark>eting</mark> To	Today's Date:		
Receipts for meals must be included.					
Payee:					
Cost Center: 631	<b>0</b> Function Code: 010		Object Code: 202		
Description: Mea	al(s) on day of Trails Summit Planning	Meeting (receipt require	red, listing items purchased)		
Left Home:	AM/PM, Return Home:	AM/PM	Amount:		
Cost Center: 631	<b>0</b> Function Code: 010		Object Code: 204		
Description: Round Trip Miles for Trails Summit Planning Meeting					
From:	То:		Amount:		
Meeting Date(s):		Tota	I Amount:		
Claimant Signature		Date			

## NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day. *Please include departure time and return time.* Itemized receipts listing what was purchased <u>must</u> be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) <u>For Combined meals</u>: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

Advisory Co	ommittee Travel Expense	Reimburs	sement Su	ummary Sheet	
sement request f	or Attending Iowa Trails Summit	Too	lay's Date:		
	Receipts for meals and lodging (if applic	able) must be incl	uded.		
6310	Function Code: 010			Object Code:	202
Meal(s) (receipt re	equired, listing items purchased)				
(date)	AM/PM, Return Home:	(date)	AM/PM	Amount:	
6310	Function Code: 010			Object Code:	203
Lodging (if applic	able) (receipt required)				
				Amount:	
6310	Function Code: 010			Object Code:	204
Round Trip Mil	es for attending `	Trails Summi	t		
	То:			Amount:	
6310	Function Code: 010			Object Code:	206
arking (if applicable)	(receipt required)				
				Amount:	
6310	Function Code: 010			Object Code:	209
-State Conference	e Registration (copy of registration and p	roof of payment re	quired)		
				Amount:	
			_		
Date(s):			То	otal Amount:	
)			Dat	٩	
	6310 6310 Meal(s) (receipt re (date) 6310 Lodging (if applic 6310 6310 6310 6310 6310 6310 6310 6310 otherwise 6310 0 6310	sement request for Attending Iowa Trails Summit    Receipts for meals and lodging (if applic    6310  Function Code: 010    Meal(s)  (receipt required, listing items purchased)	sement request for Attending Iowa Trails Summit  Too    Receipts for meals and lodging (if applicable) must be inclined.    6310 Function Code: 010    Meal(s) (receipt required, listing items purchased)	Sement request for Attending lowa Trails Summit  Today's Date:	Receipts for meels and lodging (if applicable) must be included.    6310  Function Code: 010  Object Code:    Meal(s)  (receipt required, listing items purchased)

#### NOTES:

Maximum In-State meal reimbursements: Breakfast \$8.00, Lunch \$12.00, Dinner \$23.00 with a maximum per day of \$43.00. Reimbursement will be based on actual allowable meals for the day (see below under Example). *Please include departure time and return time*. Itemized receipts listing what was purchased <u>must</u> be included for meal reimbursement. Please note gratuity is allowed at 15% of meal before tax and only up the maximum allowed for meal. If meals are included with the registration, that meal is <u>not</u> reimbursable if you choose to not eat the meal included with the registration.

Example for meal reimbursement: Lunch \$10.45 meal + 7% tax \$0.73 = \$11.18 Gratuity 15% = \$1.57 Total Lunch = \$12.75 Reimbursement = \$12.00 (Gratuity figured on the \$10.45 amount.) <u>Combined meals</u>: Leave before 6 AM, return after lunch prior to 7 PM maximum \$20 breakfast/lunch; Leave after 6 AM prior to lunch, return after 7 PM maximum \$35 lunch/dinner. Credit/Debit Card receipts need to be itemized - write what was purchased on the receipt. Room service requires a receipt. If a meal (such as lunch) is catered, the amount of this meal is included as part of the \$43 per day maximum and should be noted.

Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

Lodging: maximum reimburseable amount is \$83.00 plus tax.

Receipts for meals and lodging (if applicable) must be included.

Today's Date:

Payee:					
Cost Center: 6310 Function Code: 010	Object Code: 202				
Description: Meal(s) (receipt required, listing items purchased)					
Left Home: (date) AM/PM, Return Home: (date)	_AM/PM Amount:				
Cost Center: 6310 Function Code: 010	Object Code: 203				
Description: Lodging (if applicable) (receipt required)					
	Amount:				
Cost Center: 6310 Function Code: 010	Object Code: 204				
Description: Round Trip Miles for attending lowa Bicycle Summit					
From: To:	Amount:				
Cost Center: 6310 Function Code: 010	Object Code: 206				
Description: Parking (if applicable) (receipt required)					
	Amount:				
Cost Center: 6310 Function Code: 010	Object Code: 209				
Description: In-State Conference Registration (copy of registration and proof of payment require	d)				
	Amount:				
Bicycle Summit Date(s):	Total Amount:				
Claimant Signature	Date				

#### NOTES:

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Personal R/T mileage amount x \$.39 per mile in description for mileage reimbursement indicate the date, total # miles, to/from and reason for travel.

Lodging: maximum reimburseable amount is \$83.00 plus tax.