

LDH SINGLE-DAY TRAVEL EXPENSE FORM

To qualify for meal reimbursements on single-day travel, the traveler must be in travel status for more than 12 hours but less than 24 hours with no overnight stay. Reimbursements must not exceed 75% of the total Meals & Incidental Expenses (M&IE) rate for the applicable travel location. This rate corresponds to the "first and last day of travel" amount listed on the GSA M&IE rates page.

DATE:		DEPARTMENT:	
NAME:		DIVISION:	
ADDRESS:		SECTION:	
CITY:		PERSONNEL#:	

Expense Summary

Date of Travel:		Primary Destination:	
Departure Time:		M&IE Total:	
Return Time:		Reimbursable amount:	

Purpose of Trip: _____

Certificate of Payee:

I certify that this expense is actually and necessarily traveled on the date specified for official business only. The expenses claimed were incurred solely on official State business, none of which have been previously paid by the State, and the full amount is justly due. I acknowledge that reimbursement will be issued through my regular payroll deposit and will be treated as a taxable wage.

SIGNED BY PAYEE	TITLE /DATE	OFFICIAL DOMICILE
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Certificate of Delegated Travel Authority:

I certify that I have reviewed this expense account. The expense claimed were necessary, proper, and reasonable, and in my judgment, the amounts requested are justly due.

NAME	SIGNED BY:	TITLE/DATE
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Accounting Information

Cost Center:		GL Account:	
Fund:		Order #:	
Grant #:		WBS Element:	

Reviewed by Travel Unit: _____ Date: _____

Processed by Human Resources: _____ Date: _____