TECHNICAL COLLEGE OF THE LOWCOUNTRY

REIMBURSEMENT CLAIM FOR OFFICIAL TRAVEL

Name:_____ DEPT:_____

Address:_____ ACCOUNT CODE:_____

City/St/Zip:_____ Mileage Rate:_____ ($0.615 OR $0.655 per mile)

*Higher rate only used when a state car is requested & unavailable

****Supporting documentation must be attached for ALL travel reimbursement****

DATE	ARRIVE DEPART	TIME	DESCRIPTION	A AUTO MILES	B MILEAGE COST	C OTHER FARES	D MEALS	E LODGING	MISC.
				0	0				
					0				
					0				
					0				
					0				
					0				
					0				
					0				
					0				
					0				
					0				
Subtotals					0	0	0	0	0
TOTAL CLAIM					0				

Transportation to & from points shall be accomplished by the most economical method. It is the duty and responsibility of the approving department heads to ensure and promote compliance with reimbursement regulations.

1. Travel - Maps are required for travel other than between campuses.
2. Conference &/or Training - Itinerary & schedule must accompany reimbursement request.
3. Meal reimbursement is not eligible when conference/training provides meals.
4. Meals are only reimbursable for travel more than 50 miles from work location

Daily	In-State	Out of State	Departure from home or TCL	Arrival back to home or TCL
Breakfast	$8.00	$10.00	Prior to 6:30am	After 11:00am
Lunch	$10.00	$15.00	Prior to 11:00am	After 1:30pm
Dinner	$17.00	$25.00	Prior to 5:15pm	After 8:30pm
Maxiumum	**$35.00**	**$50.00**	**Prior to 6:30am**	**After 8:30pm**

Claimant:_____ Date:_____ Approver:_____ Date:_____

Printed Approver Name:_____

Certification: I hereby certify or affirm that the above expenses were actually incurred by me as necessart traveling expense s in the performance of my official duties; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and conforms with the requirements of State laws, rules, and regulations.