



WASHOE COUNTY TRAVEL AND PER DIEM CLAIM FORM

TRAVEL AND PER DIEM CLAIMS MUST BE FILED NO LATER THAN 15 DAYS AFTER RETURN DATE

Reimbursement requested for:

for travel to

Name

Destination

DEPART: Date

Time

RETURN: Date

Time

Reason for travel (To attend training session, seminar, convention, etc. - Specify by name and location)

Department

Employee Signature

ESTIMATED TRAVEL EXPENSES AND ADVANCE (IF REQUIRED)

Reimbursement of meals is at per diem rate, except for in flight meals included with airfare, meals included in conference or registration fees, or when meals are paid for by other persons/organizations. For per diem rates and information, go to <https://www.gsa.gov/travel/plan-book/per-diem-rates>

			<u>Trip Cost</u>	<u>Reimbursable (subtract advance)</u>
<u>TRAVEL DAYS ONLY:</u>				
Breakfast	Days	x \$	(Depart before 7:30 a.m. and/or return after 9:00 a.m.)	
Lunch	Days	x \$	(Depart before 11:00 a.m. and/or return after 1:00 p.m.)	
Dinner	Days	x \$	(Depart before 6:00 p.m. and/or return after 6:30 p.m.)	
Incidentals	Days	x \$	Only if not included above	

FULL DAYS ONLY:

of Days

Amount

Meals: Per diem (attach calculations)

at

Lodging: (Receipt required)

x

OTHER EXPENSES: (Receipts required)

SWABIZ (attach print screen with totals) or
Welcome Aboard Travel

Use of Private Vehicle miles at \$ per mile

If by personal choice miles at \$ per mile X

Ground Transportation

Auto Rental (must be on Permission to Travel Form)

Other Expenses

TOTAL

TOTAL TRAVEL EXPENSE CLAIMED

TOTAL AMOUNT ADVANCED TO EMPLOYEE

BALANCE DUE TO EMPLOYEE COUNTY (check included)

Allocation

Allocation Total

CC / IO #

G/L Account

CC / IO #

G/L Account

CC / IO #

G/L Account

Comments:

DATE

DEPARTMENT HEAD SIGNATURE

Please send to APTeam@washoecounty.gov

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