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**LCTF GRANTEE TRAVEL EXPENSE FORM**

**NAME OF EMPLOYEE**:

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**DATE OF CLAIM**: **FOR PERIOD**:

|  |  |
| --- | --- |
|  |  |

**ADDRESS**:

|  |
| --- |
|  |

**CITY**: **STATE**: **ZIP**:

|  |  |  |
| --- | --- | --- |
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**EXPENSE SUMMARY**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TRANSPORTATION** | AUTOMOBILE \_\_\_\_MILES @ .58/MILE | | $ | |  |
| AIRPLANE | | $ | |  |
| OTHER | | $ | |  |
|  | **TOTAL FOR TRANSPORTATION** | | | | $ |
| **SUBSISTENCE** | LODGING | $ | |  | |
|  | MEALS | $ | |  | |
|  | **TOTAL FOR SUBSISTENCE** | | | $ | |
| **TOLLS AND PARKING** |  | | | $ | |
| **TIPS** |  | | | $ | |
| **OTHER EXPENSES** |  | | | $ | |
| **TOTAL REIMBURSEMENT COST** | | | | $ | |

Certificate of Payee

I certify that this expense account is just and true in all respects; that distances shown were actually and necessarily traveled on the dates specified on official business only; that the charge were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

|  |  |  |
| --- | --- | --- |
| **SIGNATURE OF PAYEE** | **TITLE OR POSITION** | **OFFICIAL DOMICILE** |
|  |  |  |

Certificate of Head of Budget/Approved for Payment

I certify that this expense account have been examined by m; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

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| --- | --- | --- |
| **SIGNATURE** | **PRINT NAME** | **TITLE OR POSITION** |
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PURPOSE OF TRIP OR NECESSITY OF TRAVEL. WEEKLY TRIPS MUST BE SEPARATED.

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