



REIMBURSEMENT CLAIM **CHEROKEE COUNTY, SOUTH CAROLINA**

Today's Date:	
Employee Name:	
Department:	
Meeting Address:	
Dates of Travel:	
Meeting/Trip Purpose:	

Attach Meeting Agenda & Approved Professional Leave Form

Mileage	Total Miles:	X	0.700 cent per mile	\$
Other Transportation	If not prepaid, attach ticket			\$
Registration	If not prepaid, attach receipt			\$
Room Charges	If not prepaid, attach receipt			\$
Meals Total	See page 2			\$
Other Expenses	Attach receipt(s)			\$
Total Reimbursement Claim				\$

Account to Charge Reimbursement Claim	Total Claim
	\$

I hereby certify that this reimbursement claim is just and true in all respects and that the expense shown herein was incurred on official County business.

Signature of Claimant:	
Date:	
Department Head Approval:	
Date:	
Verified by Finance:	
Date:	
Administrator/Assistant Admin or Finance Director	
Date:	

DOCUMENTATION FOR FOOD REIMBURSEMENTS

The County Allows Meal Reimbursements as Follows:				
Meals	Depart Before	Return After	In State	Out of State
Breakfast	7:00 AM	12:00 PM	\$12.00	\$15.00
Lunch	11:00 AM	1:30 PM	\$18.00	\$20.00
Dinner	4:00 PM	7:00 PM	\$28.00	\$30.00
MAX DAILY ALLOWANCE			\$58.00	\$65.00

Itemization of Meals				
Date	Breakfast	Lunch	Dinner	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Meal Reimbursement Claim (Only enter allowed per diem amounts)				\$

- Meals are reimbursed on a per diem basis.
- Only the amount allowed per meal will be reimbursed.
- Receipts are *not* required for meals.
- You **must** provide the conference/meeting agenda.
- The County will not reimburse meals that are provided by the hotel or conference/meeting.
- ENTERTAINMENT IS NOT AN ALLOWABLE EXPENSE