



TECHNICAL COLLEGE OF THE LOWCOUNTRY

2024

REIMBURSEMENT CLAIM FOR OFFICIAL TRAVEL

Name: \_\_\_\_\_ DEPT: \_\_\_\_\_
Address: \_\_\_\_\_ ACCOUNT CODE: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Mileage Rate: \_\_\_\_\_ (\$0.63 OR \$0.67 per mile)
\*Higher rate only used when a state car is requested & unavailable

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

Table with 10 columns: DATE, ARRIVE/DEPART, TIME, DESCRIPTION, A AUTO MILES, B MILEAGE COST, C OTHER FARES, D MEALS, E LODGING, MISC. Includes Subtotals and TOTAL CLAIM rows.

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

Table with 5 columns: Daily, In-State, Out of State, Departure from home or TCL, Arrival back to home or TCL. Rows include Breakfast, Lunch, Dinner, and Maximum.

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.

