

# NEO A&M COLLEGE

## Travel Reimbursement Summary

Name _____ CWID: _____ Date: _____	
Department #: _____ Department Name: _____	
Purpose of Travel: _____	
College Vehicle #: _____ or License # of Privately Owned Vehicle _____	
<b>(Destination/Purpose lines for multiple points visited.)</b>	
<b>DEPARTURE:</b> FROM _____ DATE _____ TIME _____ am/pm	
Destination/Purpose: 1. _____ Arrival Date&Time _____ am/pm -Departure Date&Time _____ am/pm	
Destination/Purpose: 2. _____ Arrival Date&Time _____ am/pm -Departure Date&Time _____ am/pm	
Destination/Purpose: 3. _____ Arrival Date&Time _____ am/pm -Departure Date&Time _____ am/pm	
<b>RETURN:</b> TO _____ DATE _____ TIME _____ am/pm	

### Travel Reimbursement Calculation\*

**Per Diem: 75% First & Last day of travel, 100% each day in between.**

(\$59.00 in-state/\$64.00 Oklahoma County)

\$ \_\_\_\_\_

Less Meals Provided:

( \_\_\_\_\_ ) = \$ \_\_\_\_\_

	<u>Continental/Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
In-State-	\$13.00	\$15.00	\$26.00
OK County-	\$14.00	\$16.00	\$29.00

**Lodging:**

(Maximum \$107.00 in-state/\$110.00 Oklahoma County)

\$ \_\_\_\_\_

**Mileage:**

(Use of Personal Vehicle/\$0.67 per mile)

\$ \_\_\_\_\_

**Public Transportation:**

(Non-mileage; e.g., railroad, airplane, bus, taxi, etc.)

\$ \_\_\_\_\_

**Miscellaneous Expense:**

(e.g., toll, parking, business-related phone calls, registration fees, etc.)

\$ \_\_\_\_\_

**Total Travel Expense Claimed**      \$ \_\_\_\_\_

**\*Out-of-State Rates for per diem and lodging to be determined by GSA Regulations\***

*I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account; that said account is just, correct, due, and according to law; and that the amount claimed after allowing all just credits; is now due and wholly unpaid, and that I am duly authorized to make the affidavit, so help me God. I also, upon oath, say these expenses were incurred by me while performing an official college function and that a false application for reimbursement of travel expense will be grounds for termination and criminal prosecution.*

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

SEE REVERSE SIDE FOR AUTHORIZED RATES

# NEO A&M COLLEGE

## Travel Reimbursement Authorized Rates\*

### Meals and Incidental Expenses: Per Diem

- Per Diem can only be claimed on an overnight stay.
- Continental Breakfast is considered a meal.
- 75% of the per diem rate is used to calculate the first and last day of travel, 100% per diem rate for each day in between.

Primary Destination ⓘ	County ⓘ	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel ⓘ
Oklahoma City	Oklahoma	\$64	\$14	\$16	\$29	\$5	\$48.00
Standard Rate	Applies for all locations without specified rates	\$59	\$13	\$15	\$26	\$5	\$44.25

### Mileage Reimbursement/Private Owned Vehicle: (\$0.67)

### Lodging Reimbursement Rate:

Standard	<u>In-State</u>	<u>Oklahoma County</u> (OK City)
	\$107.00	\$110.00

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**Visit: [www.gsa.gov](http://www.gsa.gov)**

**Rates effective 10/01/2023-09/30/2024**