



2020 DEKALB COUNTY TRAVEL EXPENSE REPORT

Maximum Allowable Per Diem Rates Available at: www.gsa.gov/perdiem

Name:		Job Title:	
Check One:	Actual Costs _____ or Estimated Costs _____	Department:	
Reason for Travel / Destination:			

EXPENSES	DATE:							TOTALS	
1. Auto Mileage x 2020 Mileage Rate (\$0.575)									
2. Lodging Costs									
Alcohol With Meals Is Not Reimbursable									
3. Meals (includes tips & taxes): Breakfast									
Lunch									
Dinner									
4. Air Fare									
5. Rental Car									
6. Other Transportation (Taxi/Train/Etc.)									
7. Tolls									
8. Parking									
9. Fuel									
10. Telephone									
11. Other (Describe in Comments)									
12. Total Reimbursable Expenses									
COMMENTS:						13. Less Travel Advance Received, if any			
						14. Amount Due Employee			
						15. Amount Due DeKalb County			
						16. Budget Line Items to be Charged			
						Department	Account / Line Item	Amount	
17. TOTAL CHARGES									

I certify that the above expenses were incurred in connection with official DeKalb County business; that no other reimbursement has been or will be received for these expenses; and that no alcohol is included as part of this reimbursement request except as authorized by Paragraph D(5) of the Travel Policy.

_____/_____
Employee's / Officer's Signature Date

Note 1: Expenses incurred must have receipts attached to this form!

_____/_____
Department Head's Signature Date

Note 2: Line 17-Total Charges must equal Line 14-Amount Due!

(a) Estimated costs must be reconciled to actual costs within five (5) days of completing travel.

(b) Please submit claim.

(c) Please submit cash or check for amount due.
(Check # _____)