



2021 DEKALB COUNTY TRAVEL EXPENSE REPORT

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

Name:		Job Title:	
Check One:	Actual Costs <input type="checkbox"/> or Estimated Costs <input type="checkbox"/>	Department:	
Reason for Travel / Destination:			

EXPENSES	DATE:					TOTALS		
1. Auto Mileage x 2021 Mileage Rate (\$0.56)								
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 # _____)