BRADFORD COUNTY HUMAN SERVICES
EMPLOYEE LODGING, MEAL, MILEAGE & OTHER EXPENSE REIMBURSEMENT WORKSHEET
(ONE SHEET PER MONTH)

Name: _____

Department: _____ **Month & Year** _____

Date (ONE SHEET PER MONTH)	Purpose of Trip	From	To	Personal Auto Miles	LODGING, MEAL and MILEAGE EXPENSES (1) Lodging Expense	(2) Meal Expense	(3) Other Expense (specify)	(4) Total Expense 1 + 2 + 3
								$ -
								$ -
								$ -
								$ -
								$ -
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								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
					Total Lodging, Meal and Other Expense			**$ -**
			*** & ** Total Miles**	**-**	**Authorized Rate Per Mile** →			**$ -**

*** Employee Signature _____ Date _____

(Approval) Director Signature _____ Date _____

HSA Administrator Signature (If required) _____ Date _____

Attach all receipts to substantiate all lodging, meals and other expenses.

TOTAL REIMBURSEMENT D **$ -**

Meal Reimbursement Rates:

Breakfast	$	7.50
Lunch	$	10.00
Supper	$	20.00

* Mileage will be reimbursed per BCHSA Vehicle Sign Out/Usage Policy and approved monthly rate from accounting. Must have prior approval from your Director and HSA Administrator.
** Reimbursement for personal vehicle use will be at $0.19/mile for qualified trips and distances only. Must have prior approval by your Director and HSA Administrator
*** My Signature verifies that I comply with the county policy regarding personal vehicle insurance and license requirements.