

I, _____, depose and say that I have the within itemized statement of days per diem and of mileage and/or travel expenses, and that the statement is true and correctly states the days of service and mileage traveled, the date when and how traveled and the purpose thereof.	DEPARTMENT APPROVAL:
_____ Employee's Signature (Date)	_____ Signature (Date)
	_____ Title of Department Head

GENERAL INSTRUCTIONS

1. Each Governmental employee claiming travel expense reimbursement shall submit only one voucher for each calendar month.
2. Information on vouchers must be typewritten or legibly printed.
3. Receipts required for all expenditures for commercial transportation except taxi fares of \$10.00 or less.
4. Do not extend amounts claimed for vehicle mileage, miscellaneous expenses, per diem, commercial transportation or any other expense, except meals and lodging, to daily total in far right column. Totals for these expenses are entered in column 8 following total for meals and lodging for the month.
5. Amended sections of the code pertaining to travel expenses are: 44-08-03, 44-08-04, 44-08-02-1, 54-06-09, and 54-14-07. Penalties for filing false claims are stated in these sections.

IN-STATE TRAVEL (As of July 1, 2026)

1. Personal vehicle mileage 76¢ per mile.
2. Maximum quarter-day reimbursement for meals and lodging as follows, but employee must be away from normal place of employment a minimum of six hours to receive any reimbursement:

1 st quarter 6:00 a.m. to 12:00 noon (If travel begins before 7:00 a.m.)	\$9.00
2 nd quarter 12:00 noon to 6:00 p.m.	\$14.00
3 rd quarter 6:00 p.m. to 12:00 midnight	\$22.00
4 th quarter 12:00 midnight to 6:00 a.m. actual lodging expense not exceeding: (Lodging expenses effective 8/1/2025)	

Standard Rate \$110.00 (plus applicable taxes)

Receipts are not required for first three quarters and only lodging receipt or a certificate of a member of the legislative assembly is required for 4th quarter, but the amount paid for such lodging is not required to be listed. If all 4 quarters are claimed, write word ALL in in the column, otherwise list quarters claimed by number. Amount approved by department for meals and lodging for each day must be entered in far right column.

CLAIM VOUCHER

Warrant No. _____

Date _____

\$ _____

In favor of:

Filed _____

County Auditor

Deputy

TO THE COUNTY AUDITOR

The within account has been carefully checked and audited and you are hereby directed to draw your warrant upon the county treasurer for the above amount payable from the

Fund

Chairman Board of County Commissioners