



GRAND COUNTY

TRAVEL AUTHORIZATION AND EXPENSE FORM

AUTHORIZATION

Name: _____ Dept: _____ Date _____

Destination/Purpose: _____

Depart On: _____ at _____ AM/PM Return On: _____ at _____ AM/PM

A County Official or employee shall not be responsible to reimburse the County for unexpended per diem funds except in the case of an unexpected early return. Conversely, the County will not reimburse County Officials or employees for amounts spent above the per diem amounts. All per diem amounts include costs associated with taxes and tips.

Signature: _____ Date: _____

Approved By: _____ Title: _____ Date: _____

EXPENSES

Map Quest or Actual Mileage \$ Amount

Mileage .725 2026 _____

See: <http://www.gsa.gov/portal/content/104877> for GSA Mileage Reimbursement Rates. Documentation Required

Breakfast: If the employee departs from their point of origin or is 50 miles away from their worksite prior to 6 am.

Lunch: If the employee departs from their point of origin prior to 11 am or returns to their point of origin after 2 pm, or is 50 miles away from their worksite during the stated work hours.

Dinner: If the employee arrives at their destination or is 50 miles away from their worksite after 7 pm.

Per Diem for meals not provided:

DATE & THEN CIRCLE MEALS REQUESTED

Documentation Required

DATE DATE DATE

See <http://www.gsa.gov/portal/content/104877> for current GSA Meals & Incidental Rates. Then see <http://www.gsa.gov/portal/content/101518> for the current breakdown per meal.

_____ B L D	_____ B L D	_____ B L D
_____ B L D	_____ B L D	_____ B L D
_____ B L D	_____ B L D	_____ B L D

TOTAL \$ _____

Other Expenses (Receipts required)

Description

Total Expenses

TOTAL ADVANCE	
TOTAL EXPENSE	
DUE EMPLOYEE/COUNTY	

Check No. _____ Amount _____ Date _____

Charge to Acct # _____