TRAVEL EXPENSE LOG FORM

Name:	Grant Number:	Budget Category:	Applicant Name:
Purpose of Trip(s):			

Date/	Time	Diago of Donorture and	Per Diem					Total Daily					
Depart	Return	Place of Departure and Destination	Lodging	Breakfast	Lunch	Dinner	Miles	ileage Amount	Rental	Air	Parking	Other Expenses	Total Daily Expenses
													\$
													\$
													\$
													\$
													\$
													\$
													\$
													\$
													\$
													\$
							_	_	_	_		_	\$
	TOTAL		\$	\$	\$	\$		\$	\$	\$	\$	\$	\$

SUPERVISOR'S SIGNATURE

GRANTEE SIGNATURE (IF CONTRACTOR USED)

Only travel expenses directly related to the implementation of the grant can be claimed. Please provide documentation/receipts for all expenses except meals. This includes car rental, airline tickets, and lodging. Please see the Travel Reimbursements section on the reverse.

For travel taking place January 1, 2014 or later, the mileage rate is \$0.56 per mile.

For travel taking place January 1, 2015 or later, the mileage rate is 57.5 cents per mile.

Example of Completed TRAVEL EXPENSE LOG FORM

me: Grant Number:		Budget Category:	Jurisdiction/Employer:
like Patton UBGXX-XX-123		Personnel/Other	Sacramento County
Purpose of Trip(s): To attend the 2-da			

Date	e/Time		Per Diem						i l					
		Place of Departure and						Mi	leage				Other	Total Daily
Depart	Return	Destination	Lodging	Breakfast	L	.unch	Dinner	Miles	Amount	Rental	Air	Parking	Expenses	Expenses
1/3/1	5													
070	0	Sacramento to SF	\$ 120.00		\$	11.00	\$ 23.00	100	\$ 57.50					\$ 211.50
	1/4/15													
	1630	SF to Sacramento		\$ 7.00	\$	11.00		100	\$ 57.50					\$ 75.50
		TOTAL							\$115.00					\$ 287.00

<u>Travel Reimbursments</u>									
employees/Pa	ages/travel-rein	nbursements.aspx)							
Bre	akfast	Lunch	Dinner	Incidentals					
Actua	al up to	Actual up to	Actual up to	Actual up to					
\$7	7.00	\$11.00	\$23.00	\$5.00					
ps of 24 Hou	rs or More		-	-					
oloyees may	claim meals ba	sed on the following	timeframes:						
First Day of Travel									
Trip begins at or before 6 am - Breakfast may be claimed									
Trip begins at or before 11 am - Lunch may be claimed									
Trip begins at or after 5 pm - Dinner may be claimed				Trip ends at or after 7 pm - Dinner may be claimed					
s of Less tha	an 24 Hours								
may claim bre	akfast and/or	dinner, based on the	following timeframe	es:					
be claimed	d Trip begins at or before 4 pm and ends at or after 7 pm - Dinner may be claimed								
carriers, hote	el staff, and sta	iff on ships.							
Approved overnight lodging expenses may be reimbursed. Employees must stay at a									
commercial lodging establishment catering to short-term travelers, such as a hotel,									
motel, bed a	motel, bed and breakfast, public campground, etc. A receipt must be provided in								
order to claim reimbursement; no reimbursement will be paid without a receipt.									
	ps of 24 Houployees may of 24 Houployees may of 24 Houployees may of 25 Carriers, hotely be claimed a commercial motel, bed a second commercial motel.	Breakfast Actual up to \$7.00 ps of 24 Hours or More ployees may claim meals ba Trip ends at of Trip ends at	Breakfast Lunch Actual up to \$7.00 \$11.00 ps of 24 Hours or More ployees may claim meals based on the following	Breakfast Lunch Dinner Actual up to Actual up to \$7.00 \$11.00 \$23.00 ps of 24 Hours or More ployees may claim meals based on the following timeframes:					