

VILLAGE OF CIMARRON
TRAVEL FORM

Traveler: _____	Please check one
Destination: _____	I will drive my personal vehicle _____
Purpose: _____	I will drive Village vehicle _____
DEPARTURE	ARRIVAL
Date: _____ Time: _____	Date: _____ Time: _____
From: <u>Cimarron</u>	From: _____

MILEAGE

Personal Car (\$.505 per mile x _____ miles) \$ _____

Car (billed by Motor Pool) Note if care was used for commuting and indicating dates

Private Plane (\$40.00 per mile-billed by Plane's Agency) \$ _____

Commercial Plane (will be bill by Travel Service) \$ _____

Other Aircraft \$ _____

PERDIEM

Meal money when occasional or irregular travel extends the normal work day and no overnight lodging is required.

a) less than 2 hrs. = none b) 2 but less than 6 hrs = \$12.00
 c) 6 but less than 12 hrs = \$20.00 d) 12 hours or more = \$30.00 \$ _____

Overnight Travel for each 24 hour period where overnight lodging is required

a) In-State = \$85.00 b) In-State Special Area = \$135.00 \$ _____

Partial Day following a 24 hour period where overnight lodging is required

a) less than 2 hours = none b) 2 but less than 6 = \$12.00
 c) 6 but less than 12 hrs = \$20.00 c) 12 hours or more = \$30.00 \$ _____

OTHER COSTS - Registration fees, etc. (attach receipts) \$ _____

AMOUNT DUE TO/FROM EMPLOYEE \$ _____

VEHICLE		
License No. _____	Model _____	Year _____

EMPLOYEE'S SIGNATURE _____	DATE: _____
Approved By _____	DATE: _____

80% will be issued when leaving please see clerk for additional 20% when you return