

TRAVELER'S NAME AND ADDRESS	
Name:	
Address #1:	
Address #2:	
City/State/ZIP:	
VENDOR NUMBER:	
Exec. Dir. Office Use:	

LEGISLATOR
TRAVEL AND EXPENSE ACCOUNT VOUCHER

Use form for in-state travel during the legislative interim
and for out-of-state travel

DESTINATION: CITY	STATE
PURPOSE OF TRAVEL	

Note: All out-of-state travel must be approved in advance by the appropriate Presiding Officer.

Meal reimbursements will be adjusted for travel days and for meals that are provided.

\$0.55/mile or the standard federal rate, whichever is lower

For travel to/from Augusta, actual miles as reported to Exec. Dir. on Leg. Info. Form

In-state: Actual tolls as reported to Exec. Dir. on Leg. Info. Form; for other authorized in-state travel, actual.

Out-of-State: Actual; detailed receipt required

In-state: Actual up to \$70/day with detailed receipt

Out-of-State: Authorized amount based on single-room rate with detailed receipt.

In-state max. amts: B - \$12, L - \$14, D - \$24

Out-of-state max. amts: B - \$13, L - \$15, D - \$26

Detailed receipt if >\$12

In-state: Authorized amount with detailed receipt

Out-of-State: Authorized amount with detailed receipt

In-state: \$55/day for auth. mtgs.; \$100/day for Special Legislative Session

Out-of-state: Not applicable.

YEAR		POINT TO POINT TRAVELED	AUTOMOBILE		OTHER (TOLLS, PARKING, ETC)		LODGING		MEAL EXPENSES				OTHER EXPENSES (e.g. Airfare, registrations)		LEGISLATIVE PER DIEM	
2025			# MILES	AMOUNT	ITEM	AMOUNT	AMOUNT		B	L	D	AMOUNT	ITEM	AMOUNT	AMOUNT	
MONTH	DAY								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Office of the Executive Director Use Only:

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EXPENDITURE CODING			
FUND	AGY	ORG	APPROP UNIT

In-State:	4270	4271	4273	4274	4275	3890
Out-of-State:	4380	4381	4383	4384		

TOTAL CLAIMED	\$ _____
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