

## Lewis-Clark State College Third-Party Travel Reimbursement Voucher

<b>Traveler's Name</b>	
<b>Make check payable to</b>	Lewis-Clark State College
<b>Address</b>	500 8th Avenue Lewiston, ID 83501
<b>Purpose of Travel Include Dates, Meeting Name:</b>	

**Primary Transportation:** Specify points of departure and arrival and means of transportation. Travel by private vehicle is reimbursed at \$0.67 per mile.

Date	From	Date	Amount

<b>Local Transportation:</b> Indicate auto, bus, taxi, etc excluding tips	Amount

<b>Lodging:</b> List room and tax only. Itemize other charges below.	Amount

**Meals:** Use GSA per diem rates.

Date						
Breakfast						
Lunch						
Dinner						
<b>Per Diem Total</b>						

<b>Miscellaneous:</b> Specify purpose (i.e. parking, registration fee, tolls, other essential travel-related costs)	Amount

**Funding Source**   
include the fund, function, cost center and object code

**Total to be reimbursed**

Signature \_\_\_\_\_

Date \_\_\_\_\_