

Franklin County Travel Form
for Event Specific In-Service Staff Development

Ven# _____

Inv# _____

With Formulas

Employee: _____

Address: _____

Title of Event: _____

Location of Event: _____

Location of Lodging: _____

Date/Time of Required Departure	

Date/Time Feasible to Return	

Mark with "X"
if it's a Travel Day

Sun	Mon	Tues	Weds	Thur	Fri	Sat
					X	

The Franklin County Travel Policy update 1/4/07 requires claimants to reduce their per diem rates by the meals provided and to not pay for meals if claimants leave early/late when not necessary.

Meal Expenses:	Cost Claimed for Meals Not Provided is by (Circle One):	Per Diem Rate		Receipts (Attached)				
Mark with "P" if Meal for that time was Provided by the Event Registration or Hotel Accommodations.								
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Total Cost Meals
Breakfast								0.00
Lunch								0.00
Supper								0.00
Incidentals								0.00

Other Expenses:								
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Total Cost Other
Lodging (without TN Sales Tax)								0.00
Parking (without Receipt \$8)								0.00
Misc Items (Receipts Attached)								0.00

Total Miles Round Trip:	0	x Current Mileage Rate	0.67	Total Cost Mileage	0.00
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Total Claim:	0.00
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Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Expense Line				
Fund	Dept	Obj	CC	Sub Obj

Claimants are also required to submit a certificate of attendance (Name Tag will Suffice), agenda & hotel receipts before claims can be paid.
By signing this claim employees & supervisors certify this document is true & correct.

