

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

**Ven#** \_\_\_\_\_

**Inv#** \_\_\_\_\_

With Formulas

**Employee:** \_\_\_\_\_

Date/Time of Required Departure	

**Title of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

Date/Time Feasible to Return	

**Location of Lodging:** \_\_\_\_\_

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

Sun	Mon	Tues	Weds	Thur	Fri	Sat

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.

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

<b>Other Expenses:</b>								
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	<b>Total Cost Other</b>
Lodging (without TN Sales Tax)								<b>0.00</b>
Parking (without Receipt \$8)								<b>20.00</b>
Misc Items (Receipts Attached)								<b>0.00</b>

<b>Total Miles Round Trip:</b>		x Current Mileage Rate	<b>0.47</b>	<b>Total Cost Mileage</b>	<b>0.00</b>
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<b>Total Claim:</b>	<b>20.00</b>
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Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Expense Line				
Fund	Dept	Obj	CC	Sub Obj

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

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.

