OSAI Form 1117 (2023) 19 O.S. § 163	TRAVEL CLAIM							Claimant:				
COUNTY	Trip # Nature of official business					Employee I.D. #						
Trip #			ivature of official pusifiess					FOR				
IS CAR GOV. OWNED?	-								\	INST		
YES NO								Fund:		MINOT		
140								Account:				
								Date approved for payment:  Warrant/Voucher Number:  Comments				
	-											
OFFICIAL DUTY STATION:												
			ate		leage	*Per-Diem: only complete this po						
Trip Point travel status began, each point visited and the poin				Claimed		**Use Breakfast Lunch Dinner		e GSA reduced rate for the first and last da  Per Diem Rate** Meals		ast day of travel Total		
# travel status ended	-	Mo.	Day	Мар	Vicinity	Diedkiast Luiicii	Diffici	Per Diem Rate	Meals	Total		
									Totals			
TOTALS						TOTAL M	IILES @	Per Mile =				
						•						
MODE OF PUBLIC TRANSPORTATION												
									TOTAL BUILD	IO TO ANIOD		
ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS				TOTAL PUBLIC TRANSP.:							
TAXI:				REGISTRATION FEE:								
SHUTTLE:				TOLLS:					Total Odometer Mileage from pg 2:			
RENTAL CAR:			PARKING:					TOTAL ITEMIZED MISC.				
OTHER LOCAL TRANSP:				MEALS: (Attach itemized receipts)				TOTAL LOCAL TRANSP.  TOTAL AMOUNT CLAIMED				
			(Atta	cn item	ızea receij	pis)		IOTAL AM	OUNI CLAIN	IED		
I,, by sign	ning here o	do und	er penalt	y of peri	ury,							
declare that the information contained in this document a the best of my knowledge and belief.						Claiman	t Signature	<del></del>			Date	
the best of my knowledge and belief.												
Approving Official								Date				

Name of Claimant:

## County Travel Claim'!'CXca YhYf'FYUX]b[ g

When specific addresses are not available due to the nature of travel (eg. County Assessor field appraisers or construction site inspections) record the odometer reading for each trip and attach to travel claim.

Nature of official business:

Date	Beginning Location	Ending Location	Beginning Odometer	Ending Odometer	Miles Driven	Non-Business Miles	Miles Claimed
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## **County Travel Claim Definitions/Instructions**

**Official Duty Station** is where the employee spends the majority of his or her time on the job.

**Nature of Official Business** - list the business reason for the trip; for example "CODA Conference." The **Trip Number** next to each business reason for travel should cross reference to the line for the related mileage claimed.

**Point travel status began, each point visited and the point travel status ended** is where you place your beginning and ending points of travel; for example, "Stillwater to Norman to Stillwater."

**Map mileage** may be documented using the Statewide Mileage Table available on the ODOT website or an on-line mapping platform, depending on the county's travel policy. *Mileage is only reimbursable to employees or officials driving a personal vehicle*. **Do not forget to input the current mileage reimbursement rate.** 

**Vicinity miles** may be used for miles driven on official business beyond the official map mileage table. Example; you drove to several different meetings in different locations while you were in travel status. This should be documented using an on-line mapping platform.

**Per Diem** section is <u>only for those entities that have adopted a per diem policy</u>. The claimant should use the GSA per diem rates (unless otherwise specified in the county travel policy). The GSA website will display the base rate for the location and the (reduced) amount for the first and last day of travel. It will also display the amount to be deducted from daily per diem for any meals provided. such as complimentary breakfast at a hotel or meals provided during a conference or training.

https://www.gsa.gov

**Per Diem Rate** = the GSA total daily rate for the location of travel. Use the reduced GSA rate for the first and last day of travel status.

**Lodging Amount** is only for lodging paid by the employee to be reimbursed by the employer. Receipt must accompany the travel claim.

**Itemized Miscellaneous Costs** are those paid by the employee and allowed to be reimbursement by the employer in accordance the travel policy.

**Claimant** is the person claiming reimbursement.

Employee ID# is the identifying number assigned to each employee by the employer (if applicable).

**Instructions:** Page 1 - the claimant is to fill in all applicable sections of the travel claim to itemize all expenses for which he or she is requesting reimbursement. Signature of the claimant at the bottom of the claim represents the documentation that goods or services were received, thus no receiving report is necessary. The department head or other approving official shall sign the claim approving reimbursement of the business related travel expenses incurred by the claimant.

Page 2 - to be used for odometer readings, only if allowed by the county travel policy, for special situations such as field appraisals or road inspections. **Note: Elected officials receiving the monthly travel allowance** as allowed by 19 O.S. § 165 may only be reimbursed for official business miles driven out-of-county in a personal vehicle. Also see 1999 OKAG 68.