

TRAVEL CLAIM WORKSHEET FOR NON-ROUTINE PREAUTHORIZED EXPENSES

Provider's Name: _____

Tax ID No.: _____

County: _____ Case No.: _____

Case Name: _____

Authorization No.: _____

Date	Departure From (City)	Destination (City)	Depart Time	Return Time	Number of Miles	Mileage Amount	Meal Amount	Lodging Amount	Total
TOTALS									

Date	Description of Other Travel Expense	Amount
TOTAL		

Meal Allowance Amounts When in Conjunction with Overnight Travel
Breakfast - \$9 if leaving prior to 6:00 a.m. or returning after 9:00 a.m.
Lunch - \$10 if leaving prior to 11:00 a.m. or returning after 2:00 p.m.
Dinner - \$20 if leaving prior to 5:00 p.m. or returning after 8:00 p.m.
Full day - \$39. If departure and return times are not recorded, policy allows for \$20 for the first day of travel and \$19 for the last day of travel.
This is a meal allowance , not a reimbursement. Receipts are not required for payment.

The total amount for each type of travel expense and a description of the type of other travel expense should be entered on the fee statement form. Attach this travel expense worksheet to the fee statement form when submitted.