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Name of Commission, Advisory Committee, Council, Task Force

LEGISLATIVE COORDINATING COMMISSION
Request for Reimbursement

This form is to be completed by legislators, public members, state employees and legislative staff and submitted, with Receipts, to the appropriate chair or director. Space is provided on the back of the form to claim meal reimbursement. The Chair/Co-Chairs or Director must return the completed form within 60 days of the legislative activity to the LCC Fiscal Services Office, G45 State Office Building. Untimely or incomplete requests will not be processed.

Date	Description of Activity	Place of Meeting	Mileage From (city)	Mileage To (city)	Trip Miles	Rnd Trip/ One Way **(check)**	Per Diem **(check)**	Lodging	Other Expenses
						__RT __OW	__Yes __No		
						__RT __OW	__Yes __No		
						__RT __OW	__Yes __No		
						__RT __OW	__Yes __No		
						__RT __OW	__Yes __No		

I declare under the penalties of perjury that this request is just and correct and that no part of it has been paid.

____
Print Member/Employee Name

____
Signature of Member/Employee

____
Signature of Chairperson/Director

____
Signature of Co-Chair (if necessary)

NOTE: Please attach receipts for lodging, registrations and airfare.

For Accounting Office Use ONLY		
Member #		
Dept Code #		
Obj/Amount	________	$ ________
	________	$ ________
	________	$ ________
	________	$ ________
	________	$ ________
	________	$ ________
Total Expenses:		$ ________

Employees may be reimbursed for actual cost of meals (up to maximum specified below). Please specify the amount of meal reimbursement you are claiming in the space provided. The following maximum meal reimbursement rates as stated in the current Legislative Plan for Employee Benefits and Policy remains in effect until amended or repealed by the LCC.

Maximum In-State	Breakfast - $9.00	Lunch - $11.00	Dinner - $16.00
Maximum Out-of-State	Breakfast - $11.00	Lunch - $13.00	Dinner - $20.00

Date	Breakfast	Lunch	Dinner	Total
Total				

Add total to front under Other Expenses