

## **Factory Trip Expense Worksheet**

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Traveler's Name & Agency					Agreement #
Meeting Location				Date(s) of Me	eeting
Pleas	se show below your no	ormal work schedu	le (i.e. Monday-Frid	∖ day, 8:00 am - 5:	00 pm)
Date, time, and location of departure from home or work  Date, time				ation of return to	home or work
Personal Auto Mileage	9				
Miles Driven to Airport		_			
Miles Driven from Airport		_			
Total Miles		_ x .current state	rate =		
Meals					
Breakfast:	Meals @		_ =		
Lunch:	Meals @		=		
Dinner:	Meals @		_ =		
		Total	Meals		
Miscellaneous Expens	ses				
	Parking Fees:				
	Lodging:				
	Airfare:				
	Other (Specify):				
	Total Miscellaneous Expenses				
	TOTAL FACTORY TRIP EXPENSE				

Travel itinerary and receipts must be submitted for all expenses except meals.

Attach your written trip pre-authorization from WSDOT and this form to your Reimbursement Request form.

\*Note: Lodging, mileage, and meals for in-state travel are reimbursed at state per diem rates. For state travel per diem rates at your destination visit the Office of Financial Management's travel website at: https://ofm.wa.gov/accounting/administrative-accounting-resources/travel. For out of state travel, refer to the per diem rates provided by the U.S. General Services Administration: https://www.gsa.gov/travel/plan-book/per-diem-rates.