

# Carolinas Institute for Community Policing Instructor Travel Reimbursement Request (Outside of South Carolina)

## Instructor Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

## Class Information

Class or Event \_\_\_\_\_

Location \_\_\_\_\_

Dates of Course \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Expenses

Depart from home: Time \_\_\_\_\_ am/pm Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Arrive home: Time \_\_\_\_\_ am/pm Date \_\_\_\_/\_\_\_\_/\_\_\_\_

| Date <i>(Enter Date)</i>                   | Mon                       | Tues | Wed | Thur | Fri | Sat | Sun | <b>TOTAL</b> |
|--|---------------------------|------|-----|------|-----|-----|-----|--------------|
|  | /                         | /    | /   | /    | /   | /   | /   |              |
| <b>Meals</b>                               |                           |      |     |      |     |     |     |              |
| Breakfast \$7.00                           |                           |      |     |      |     |     |     |              |
| Lunch \$9.00                               |                           |      |     |      |     |     |     |              |
| Dinner \$16.00                             |                           |      |     |      |     |     |     |              |
| <b>Lodging</b><br>Attach original receipt  |                           |      |     |      |     |     |     |              |
| <b>Mileage</b><br>Must be personal vehicle | Total Mileage _____ x .50 |      |     |      |     |     |     |              |
| <b>Other</b>                               |                           |      |     |      |     |     |     |              |
|  |                           |      |     |      |     |     |     |              |
|  |                           |      |     |      |     |     |     |              |

**\$** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Times of departure and return must be shown on the travel support document to determine what meals are allowed. Please note the time frames for which meals may be reimbursed below.

| <b>Out of State Meal (non-SC):</b>    | <b>Amount</b> | <b>Depart before:</b> | <b>Return after:</b> |
|---------------------------------------|---------------|-----------------------|----------------------|
| Breakfast                             | \$7.00        | 6:30am                | 11:00am              |
| Lunch                                 | \$9.00        | 11:00am               | 1:30pm               |
| Dinner                                | \$16.00       | 5:15pm                | 8:30pm               |
| <b>Total for full day is \$32.00.</b> |               |                       |                      |