

Carolinas Institute for Community Policing Instructor Travel Reimbursement Request (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	TOTAL
	/	/	/	/	/	/	/	
Meals								
Breakfast \$6.00								
Lunch \$7.00								
Dinner \$12.00								
Lodging Attach original receipt								
Mileage Must be personal vehicle	Total Mileage _____ x .505							
Other								

\$ _____

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.

In State Meal (SC):	Amount	Depart before:	Return after:
Breakfast	\$6.00	6:30am	11:00am
Lunch	\$7.00	11:00am	1:30pm
Dinner	\$12.00	5:15pm	8:30pm
Total for full day is \$25.00.			