



\_\_\_\_\_  
 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 or Director must return the completed form **within 90 days** of the legislative activity to the LCC Accounting Office, 70 State Office Building. Untimely or incomplete requests will not be processed.

<u>Date</u>	<u>Description of Activity</u>	<u>Place of Meeting</u>	<u>Official State Mileage:</u>		<u>Trip Miles</u>	<u>Lodging</u>	<u>Per Diem (check)</u>		<u>Other Expenses</u>
			<u>From</u>	<u>To</u>			Yes	No	
_____	_____	_____	_____	_____	_____	_____	Yes	No	_____
_____	_____	_____	_____	_____	_____	_____	Yes	No	_____
_____	_____	_____	_____	_____	_____	_____	Yes	No	_____
_____	_____	_____	_____	_____	_____	_____	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.

\_\_\_\_\_  
 Signature of Member/Employee

\_\_\_\_\_  
 Print Member/Employee Name

\_\_\_\_\_  
 Signature of Chairperson/Director

\_\_\_\_\_  
 Signature of Co-Chair (if necessary)

\* Attach receipts for items which you request reimbursement incl. lodging, registration, airfare, other.

**For Office Use ONLY**

Member #: \_\_\_\_\_

Dept Code #: \_\_\_\_\_

Obj/Amount: 2131/2231 \$ \_\_\_\_\_

2111/2211 \$ \_\_\_\_\_

2121/2221 \$ \_\_\_\_\_

2132/2232 \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Employees may be reimbursed for **actual costs** of meals (up to the maximum). Please specify the amount of meal reimbursement you are claiming in the space provided. The following maximum meal reimbursement rates are quoted from the Legislative Plan for Employee Benefits and Policies for calendar years 2002-2003.

**Maximum In-State**      Breakfast-\$7.00      Lunch-\$9.00      Dinner-\$15.00

**Maximum Out-of-State**      Breakfast-\$8.00      Lunch-\$10.00      Dinner-\$17.00

<b>Date</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Total</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____