Attachment D

# MRCOG TRAVEL VOUCHER FOR TRAVEL WITH NO OVERNIGHT LODGING

For occasional and irregular travel that extends beyond the normal work day and no overnight lodging is required

Traveler: _____ Fund Number: _____

Destination: _____ G/L Number: _____

| Actual Departure | |
|---|---|
| Date: | Time: |

| Actual Return | |
|---|---|
| Date: | Time: |

**Mileage** (privately-owned automobile)

_____ (miles) × _____ (MRCOG approved mileage rate) $ _____

**Meals**

**a.** Less than 2 hours of travel beyond the normal work day, **none**;
**b.** 2 hours, but less than 6 hours beyond the normal work day, **$25.00**;
**c.** 6 hours, but less than 12 hours beyond the normal work day, **$50.00**;
**d.** 12 hours or more beyond the normal work day, **$70.00** $ _____

**Or, can claim actual meals during business hours if:**

**Actual Meal**

Up to $20 per meal ($25 in Santa Fe) if travel over 15 miles from home office if meal not provided by host (attach receipt) $ _____

**Total** Cost of Travel $ _____

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Employee/Public Officer Signature: _____ Date: _____

**Approvals:**

Supervisor: _____ Date: _____

Executive Director: _____ Date: _____