

PENNSYLVANIA
DEPARTMENT OF AGING

LONG-TERM CARE COUNCIL



EST. 2015

TRAVEL EXPENSE FORM

NAME: _____ **PERSONNEL NO:** _____

REASON FOR TRAVEL: _____

DATE OF DEPARTURE: _____ **TIME:** _____

DEPARTURE FROM: _____

DESTINATION: _____

DATE OF RETURN: _____ **TIME:** _____

To determine the mode of ground transportation, click [here](#) to access the "Ground Travel Worksheet" on the Department of General Services (DGS) website. To utilize the worksheet, click on the highlighted link and click "save," "open" and "enable editing" in the boxes that appear at the bottom and top of the page.

MILEAGE (personal vehicle only): _____

FUEL (rental vehicle only): _____

TOLLS: _____ **PARKING:** _____

OTHER MODE OF TRANSPORTATION (train/bus/cab, etc.): _____

SUBSISTENCE (breakfast/lunch/dinner – if not provided by the Department of Aging):

I certify that the statements and expenses claimed are correct, reasonable and were incurred in the performance of commonwealth duties and that I have not and will not accept reimbursement of any of these expenses from any other source. I further certify that if my personal automobile was used for commonwealth business during the period of travel claimed, insurance coverage was in effect to comply with the Pennsylvania Motor Vehicle Financial Responsibility Law (ACT 1984-11).

SIGNATURE: _____ **DATE:** _____

The above typed signature constitutes a legal signature for the purposes of this document.

Note: Copies of itemized/detailed receipts must be submitted with this form to claim reimbursement. The form and accompanying receipts may be submitted electronically (by clicking on the email button at the top of the form) or by mail to Kellie Kask's attention at: Pennsylvania Department of Aging, 555 Walnut Street, Harrisburg, PA 17101. Rev. 12/6/16
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