

# Factory Trip Expense Worksheet

Traveler's Name & Agency: \_\_\_\_\_ Agreement # \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Date(s) of Meeting: \_\_\_\_\_

Please show below your normal work schedule (i.e. Monday-Friday, 8:00 am – 5:00 pm)

\_\_\_\_\_

Date, time, and location of departure from home or work: \_\_\_\_\_

Date, time, and location of return to home or work: \_\_\_\_\_

## Personal Auto Mileage

Miles Driven to Airport \_\_\_\_\_

Miles Driven from Airport \_\_\_\_\_

Total Miles \_\_\_\_\_ x .current state rate = \$ \_\_\_\_\_

## Meals

Breakfast \_\_\_\_\_ Meals @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Lunch: \_\_\_\_\_ Meals @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Dinner: \_\_\_\_\_ Meals @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Meals \_\_\_\_\_ \$ \_\_\_\_\_

## Miscellaneous Expenses

Parking Fees: \_\_\_\_\_

Lodging: \_\_\_\_\_

Airfare: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

\_\_\_\_\_

Total Miscellaneous Expenses \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL FACTORY TRIP EXPENSE: \_\_\_\_\_ \$ \_\_\_\_\_

**Travel itinerary and receipts must be submitted for all expenses except meals.**

**Attach your written trip pre-authorization from WSDOT and this form to your Reimbursement Request form.**

*\*Note: Lodging, mileage, and meals are reimbursed at the state per diem rates. State per diem rates are subject to change. For state per diem rates at your destination visit the Web at: [www.ofm.wa.gov/policy/travel.htm](http://www.ofm.wa.gov/policy/travel.htm) or contact a WSDOT Public Transportation Division staff member.*