

**UTAH COUNTY CLERK/AUDITOR'S OFFICE
PURCHASING OFFICE**

MEMO: June 1, 1999

EFFECTIVE DATE: June 28, 1999

TO: ALL UTAH COUNTY EMPLOYEES

All Travel for Schooling and Conference, in or out of state, must be PRE-AUTHORIZED by the Utah County Commission

All Commission travel will be pre-approved by the County Attorney.

All employees desiring travel reimbursement, will need to fill out the Conference and Travel Request Form before committing to any schooling or conference travel.

A. Each Department Head must approve all Conference and Travel Reimbursement Request forms.

B. For combined travel expenses of over \$200.00, all Conference and Travel Reimbursement Request forms will then be sent to the County Commission for approval.
(Please remember that pre-payments for travel take approximately 14 WORKING days to approve and process.)

C. Combined travel expenses under \$200.00 will be processed by purchase order.

D. All extradition costs may be pre-approved by the Utah County Sheriff, and ratified as soon as possible, by the County Commission.

E. Conference and Travel Reimbursement Request Forms, will be sent to Accounts Payable for payment of advance requests.

F. Expenses on County Corporate travel cards will be paid upon receipt of the billing, and the completion of the reimbursement form with required supporting documentation and receipts for all amounts charged on the card. Any amounts without the appropriate supporting documentation will become the personal obligation of the employee.

It shall be the policy of Utah County that all combined travel over \$200.00 whenever possible, will be charged to a County Corporate travel card.

Attachment No. 1

UTAH COUNTY
CONFERENCE AND TRAVEL AUTHORIZATION REQUEST

DATE:

REQUEST # T

Budgeted Item Reference:

Budgeted Account Reference:

ITINERARY:

Person traveling

Destination

Departure Date

Return Date

JUSTIFICATION:

Purpose of Trip:

Detail of Specific Arrangements: (Method of Travel)

(Location)

(Nights of Conference)

(Hotel/Motel)

PER DIEM COSTS: (Day of Conference)

[CODES - TYPES OF PAYMENT: (CARD) CREDIT CARD (RIMB) REMBURSED (PDIR) PAID DIRECT]

Number of Days	#	_____
Rate	X	_____
Total	\$	_____

Other Costs \$ _____

TOTAL PER DIEM \$ _____

Date needed:

(ESTIMATED EXPENSES:)

Registration	\$	_____	CODE	_____
Airfare	\$	_____		_____
Lodging	\$	_____		_____
Car Rental	\$	_____		_____
Private Vehicle	\$	_____		_____
County Vehicle	\$	_____		_____

TOTAL EXPENSE \$ _____

TOTAL EST COSTS \$ _____

SPECIAL EXPENSE ALLOCATION COMMENTS: _____

Employee Signature: _____

ADVANCE REQUEST \$ _____

APPROVAL:

Department head _____

Commission: _____

County Auditor's Office _____

Commission: _____

NOTE: The employee must submit a travel reconciliation form, providing a reconciliation of amounts advanced with actual expense and providing appropriate receipt documentation. All expenses not documented will become the personal liability of the employee.

**UTAH COUNTY
COUNTY AUDITOR'S OFFICE**

**Per Diem Schedule
REIMBURSEMENT**

Employee: _____ DATE:>> FROM _____
TO _____

TRAVELED TO: _____

TRAVEL #.: T _____

(LEAVE BEFORE 6:00 AM.)

(RETURN AFTER 7:00 P.M.)

1ST DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
2ND DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
3RD DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
4TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
5TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
6TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
7TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
8TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
9TH DAY:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
DAY 10:	BREAKFAST	<input type="text"/>	LUNCH	<input type="text"/>	DINNER	<input type="text"/>
TOTALS		<input type="text"/>		<input type="text"/>		<input type="text"/>

AMOUNT TO BE REIMBURSED:

**ALL MEALS PAID AND FURNISHED AS PART OF THE CONFERENCE OR TRAINING REGISTRATION,
MAY NOT BE INCLUDED AS PART OF THE PER DIEM REIMBURSEMENT.**

EMPLOYEE SIGNATURE _____ DATE

**UTAH COUNTY GOVERNMENT
COUNTY AUDITOR'S OFFICE - EXPENSE DOCUMENTATION
EXPENSE REPORT FOR EMPLOYEE REIMBURSEMENT / RECONCILIATION**

TRAVEL APPROVAL # REF: _____ DATE OF APPROVAL: _____

DATE SUBMITTED: _____ DEPARTMENT: _____

EMPLOYEE NAME: _____
last first middle

TRANSPORTATION REIMBURSEMENT (COMMERCIAL)

PURPOSE OF TRAVEL: _____

DATE: _____	TYPE: _____	DESC: _____	COST: \$ _____
DATE: _____	TYPE: _____	DESC: _____	COST: \$ _____
DATE: _____	TYPE: _____	DESC: _____	COST: \$ _____
DATE: _____	TYPE: _____	DESC: _____	COST: \$ _____

SUB TOTAL \$ _____ ++

(Include: AirFare, Car Rental, TaxiCab Charges, Parking Fees and other types of commercial transportation....)

TRANSPORTATION REIMBURSEMENT (PERSONAL VEHICLE)

DATE	FROM	TO	PURPOSE	MILES	PER MILE	TOTAL OF TRIP
_____	_____	_____	_____	# _____	\$ _____	\$ _____
_____	_____	_____	_____	# _____	\$ _____	\$ _____
_____	_____	_____	_____	# _____	\$ _____	\$ _____
_____	_____	_____	_____	# _____	\$ _____	\$ _____

(Include all trips made in Personal Vehicle [note if total travel is for round trip mileage])

SUB TOTAL \$ _____ ++

OTHER ITEMS (ATTACH AVAILABLE RECEIPTS FOR ALL EXPENSES)

DATE	EXPLANATION	PURPOSE	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SUB TOTAL \$ _____ ++

(Include Hotel Room Charges, Meals, Telephone, Entertainment, per diem allowances and all other non transportation expenses...)

TOTAL OF ALL EXPENSES - SUB TOTALED ABOVE	\$ _____	**
DEDUCT AMOUNT ADVANCED FOR THIS TRIP	\$(_____)	
AMOUNT DUE TO COUNTY (ATTACH CHECK) Note Account # to credit Below	\$(_____)	
TOTAL OR ADDITIONAL AMOUNT TO BE REIMBURSED	\$ _____	**

EXPENSE ALLOCATION

TYPE	DESCRIPTION	ACCOUNT #	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MUST BALANCE TO EXPENSES TOTALED ABOVE TOTAL \$ _____ **

(Expense Allocation is for Charging Reimbursement or Refund of Expenditure Amounts to Budgetary Accounts of a Department)

EMPLOYEE: _____ DATE: _____

DEPARTMENT: _____ DATE: _____

White Copy - Finance

Canary Copy - Department

Pink Copy - Employee

TRAVEL CARD - DEPARTMENTAL USE AUTHORIZATION FORM

DEPARTMENT _____

CARD NUMBER _____

NAME ISSUED TO _____

EMPLOYEE AGREEMENT

TO UTILIZE THE DEPARTMENT CORPORATE TRAVEL CARD

I, the undersigned, agree to accept and use the departmental Corporate Travel Card issued to Utah County and to the department head named above. I agree to use the travel card in conformance with the terms and conditions set forth herein and applicable County Policies and Procedures.

I understand and agree that any credit card charges made by me against the County account shall be recorded as a charge against my department's authorized travel expense account and shall be fully reported by me on an approved travel expense reconciliation form. In the event that I fail to make a proper and timely accounting for such charges, I agree that the County may, at its sole discretion, withhold from my salary an amount equal to the total amount of the card charges incurred by me and not accounted for and/or approved. Any use of the travel card in violation of County Policy shall be grounds for disciplinary action, which may include termination.

I also agree that I shall return the card to my Department head upon my return.

Card Received _____ Date _____
Employee Signature

I authorize the above-named employee to use the Utah County Department Corporate Travel card, noted above, for his/her current travel expenses.

Department Head Approval:

Department Head Signature