

**NATIONAL INSTITUTE OF CORRECTIONS
TRAVEL AND PER DIEM CLAIM FORM**
Send to: Harris Group Services, P.O. Box 2244, Alpharetta, GA 30023-2244

NIC ACTIVITY NO. _____

Name (Last, First, Middle Initial):	SSN:
Mailing Address (include zip code):	Telephone No.

Location of Event / Project (City, County, State):

INSTRUCTIONS: Please provide the following information in chronological order: The date of departure, place of departure, and mode of authorized travel to airport/train station, etc.; all authorized ground transportation while on-site; lodging; mode of travel used to return to home/office; and indicate cost of each expense. Times should be those in effect at localities involved.

NOTE: Original receipts are required for lodging expenses and all other single expenses exceeding \$75.00 except for the following:

1. **Meals** - No receipts are required. Reimbursement will be calculated for you using established Federal daily locality rates (that cannot be exceeded and beginning and ending times of authorized travel); and
2. **Personally Owned Vehicles (POV):** No receipts are required, however, beginning and ending odometer readings or paper or electronic standard highway mileage guides must be provided for reimbursement of this expense to be considered. POV costs, based on established Federal travel mileage rates will be calculated for you.
3. **Lodging and Lodging Taxes:** Please claim as separate items in Section I below

Please see Sample of a completed Claim Form on the reverse side.

Dates	SECTION I - LODGING COSTS - BASE & TAXES			TOTAL LODGING COSTS
	Lodging City	Base Lodging	Lodging Taxes	
	SECTION II - DESCRIPTION OF ALL OTHER TRAVEL EXPENSES (DEPARTURE/ARRIVAL CITY, MODE OF TRAVEL AND OTHER EXPLANATIONS OF EXPENSES)			TRAVEL EXPENSES

(Additional Space is Available on the Back. Please feel free to copy this form if necessary)

I certify that the information provided in this Claim Form is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.

_____ (Signature) _____ (Date)

Please check one: This claim is complete This claim is incomplete

**NIC TRAVEL AND PER DIEM CLAIM FORM
(Continuation Page)**

20__ DATE	SECTION II (Cont) DESCRIPTION OF EXPENSES DEPARTURE/ARRIVAL CITY, MODE OF TRAVEL AND OTHER EXPLANATIONS OF EXPENSES	TRAVEL EXPENSES

Explanations (if any):

SAMPLE CLAIM FORM

SECTION 1 - Lodging Costs - Base & Taxes				
1/5/00	Lodging City	Base Lodging	Lodging Taxes	Total Lodging Costs
1/5-7/00	Portland, Oregon	\$174.00	\$40.00	\$214.00
DATES	DESCRIPTION OF ALL OTHER TRAVEL EXPENSES (DEPARTURE/ARRIVAL CITY, MODE OF TRAVEL AND OTHER EXPLANATIONS OF EXPENSES)			TRAVEL EXPENSES
1/5/00	DP Boldview via POV (ODOM 35,101 - 35,167) For National Airport			\$21.45
	DP Airport via AA 4222 and AA/822 AR Portland, Oregon Airport			\$684.00
	DP Airport via shuttle (round trip) AR Hotel All transportation while on site provided by DOC			\$22.00
1/7/00	DP Hotel via shuttle AR Airport DP Airport via AA/834 and AA/2221 AR National Airport			
	DP National Airport via POV 35,167 - 35,233) AR Residence			\$21.45
	Airport parking			25.00