

2016 Summer Conference

REQUEST FOR REIMBURSEMENT

THE PROCESS FOR REQUESTING REIMBURSEMENT DIFFERS DEPENDING ON WHETHER YOU ARE A STATE EMPLOYEE, COUNTY EMPLOYEE OR IF THE REQUEST IS FOR THIRD PARTY REIMBURSEMENT (COUNTY).

IF YOU ARE A...	Request for Reimbursement
State Employee (including SPCR and DHS Child Support ADAs)	Online only @ CONCURSOLUTIONS.COM
County Employee or if Requesting Third Party Re-assignment (for example, to the County)	Paper-based forms, emailed to: fiscal@pacga.org <i>Must be signed by Elected Official</i>

Maximum Reimbursable Amounts:

Breakfast	\$7.00
Lunch	\$9.00
Dinner	\$20.00
Lodging	\$140.00 (Lodging will be paid Saturday night if attendee is traveling 300 or more miles)
Mileage	\$0.54 (Mileage reimbursed to State Paid Employees Only)
Parking	\$6.00/day (Parking reimbursed to State Paid Employees Only)

Please Note:

- Reimbursement requests will be audited and processed according to Statewide Travel Regulations and Travel Rules and Regulations of the PAC Council. These regulations are accessible here: <http://www.pacga.org/site/content/78>
- Non-state paid personnel applying for reimbursement of expenses from the Council for the first time on or after July 1, 2013 must submit a Form W-9 with the request for reimbursement.
- Non-state employees will not be eligible for mileage or parking reimbursement.
- Per State policy and IRS guidelines, reimbursement requests more than 60 days old, if paid, are required to be reported to the Internal Revenue Service as taxable income.
- Per State policy guidelines, attendees will receive only 75% of the allotted meal allowances for the first and last day of travel.
- Please use your **LEGAL** name only when filling out this form.



PROSECUTING ATTORNEYS' COUNCIL OF GEORGIA
 1590 Adamson Parkway Fourth Floor Morrow, Georgia 30260 (770) 282-6300 FAX (770) 282-6368



NON STATE PAID PERSONNEL TRAVEL REIMBURSEMENT FORM

NAME: _____ POSITION: _____ STATE PAID: _____ NON-STATE PAID: _____ (Check One) SOCIAL SECURITY NO: _____ OFFICE TELEPHONE NO: _____ CIRCUIT: _____ OFFICE ADDRESS: _____ _____ _____	Complete this portion only if reimbursement is to be sent to someone other than employee: ASSIGNMENT: I HEREBY ASSIGN PAYMENT TO: NAME: _____ MAILING ADDRESS: _____ _____ _____ CITY: _____ STATE: _____ ZIP: _____
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List the name(s) of everyone who is entitled to reimbursement from PAC and with whom you shared a room: _____

PURPOSE: 2016 Summer Conference FOR PERIOD FROM: 7/17/2015 TO: 7/20/2015

All reimbursements are subject to State Law and current Council Travel and Training Regulations. A receipt or other similar documentation must be attached for lodging expenses submitted for reimbursement. See O.C.G.A. §45-7-29

DATE	DEPARTURE		ARRIVAL		SUBSISTENCE				TOTALS	PAC USE ONLY APPROVED	
	TIME	LOCATION	TIME	LOCATION	B'FAST	LUNCH	DINNER	LODGING			
TOTAL:											
1	MILEAGE		MILES AT	0.540	per mile: (must be supported by mileage record on reverse side)						
2	GASOLINE; Oil: (Explain on reverse side)										
3	OTHER EXPENDITURES: (Explain on reverse side and attach receipts)										
TOTAL EXPENDED:											

CERTIFICATION: I certify under criminal penalty for making a false statement in violation of O.C.G.A. §16-10-20, that the above statements are true and I have incurred the above described expenses and authorized use of mileage in the discharge of my official duties.

Signature: _____ Date: _____

Elected Official's Signature: _____ Date: _____

Accounting Use Only				
VENDOR ID	TERMS	ORGANIZATION NO.	PAYMENT APPROVED	VOUCHER ID
ACCOUNT	AMOUNT		DESCRIPTION	
64001			TRAVEL-MILEAGE	
64002			TRAVEL-MEALS	
64003			TRAVEL-LODGING	
64004			TRAVEL-OTHER	
TOTAL				

Please complete the applicable section(s). Sections 1 & 2 are for state-paid personnel & faculty.

1 PERSONAL VEHICLE - MILEAGE			Vehicle:	Year	Make	Model	
DATE	ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
TOTALS							

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

2 COUNTY OWNED VEHICLE - MILEAGE			Vehicle:	Year	Make	Model	
DATE	ORIGIN	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
TOTALS							

NOTE: TOTAL MILEAGE MINUS PERSONAL MILEAGE MUST EQUAL STATE USE MILEAGE

3 STATE OWNED VEHICLE - MILEAGE			Vehicle:	Year	Make	Model	ID NO.
(ATTACH RECEIPTS FOR GAS AND OIL)							
DATE	ORIGIN	DESTINATION	VENDOR NAME	AMOUNT OF PURCHASE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE
TOTAL GAS AND OIL							

4 OTHER EXPENDITURES (ATTACH RECEIPTS)		
DATE	TIRES, REPAIRS AND MAINTENANCE, PARKING, TAXI, TOLLS, TUITION, AIRFARE, OTHER EXPENDITURES (PLEASE EXPLAIN)	AMOUNT
TOTAL AMOUNT (List on other side)		