☐

Council of State and Territorial Epidemiologists
2872 Woodcock Blvd., Suite 303
Atlanta, GA 30341-4015
Tel: 770-458-3811 Fax: 770-458-8516

PO # _____

Expense Reimbursement

Name:_____

Address, _____

City, State, Zip _____
Destination: _____ **Per Diem**_____
☐ Check box if you or a family member hold an elective or appointive public office in a federal, state or local government that pays an annual rate of $20,000 or more. IRS code section 4946(c)

Check the boxes below for your Departure and Return Times:
(Multiply the % times the Per Diem Rate for Departure/Return Days)

Departure Time		Return Time
☐**100%**	**12AM-6AM**	☐ **25%**
☐ **75%**	**6AM-Noon**	☐ **50%**
☐ **50%**	**Noon-6PM**	☐ **75%**
☐ **25%**	**6PM-12AM**	☐**100%**

Purpose of Trip: _____

Project: _____

Date	Description/Comments	# of Miles @ 0.55/mi.	Total For Reimb.	Direct Charge to CSTE
	Total reimbursement for this request:		**$**	

Note: Receipts must be included for all claimed expenses of $25.00 or more. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (-25% for Breakfast, -25% for Lunch, -50% for Dinner). Please specify any provided meals.

Please check box if you <u>do not</u> plan to request any reimbursement from CSTE for: ☐ PerDiem ☐ Transportation ☐ Hotel

Signature: _____ **Date:** _____ **Approved by:** _____ **Date:** _____