

## **Employee Travel Expense Policy:**

Expenses incurred by City employees traveling on City business will be paid or reimbursed by the City according to the guidelines of this policy.

Employees must submit an "Employee Travel Expense Report" for costs incurred while conducting City business (form attached). Any requests for reimbursement (including mileage, food, etc.) above and beyond the guidelines set below must have prior approval from the employee's supervisor to be considered for reimbursement.

All required receipts must be submitted within 30 days. City funds may not be used for alcohol, entertainment, or personal phone calls - except one personal phone call (up to 10 minutes a day) while traveling on City business. Employees receiving a city cell phone stipend will not be reimbursed.

### **Travel Costs:**

Employees traveling on City business, regardless of the method of travel, are required to take the most direct route to their destination, unless prior approval is obtained from the Department Director. Costs associated with deviation from the most direct route will be the employee's responsibility.

Employees are requested to use a City owned vehicle if one is available. Police, Public Works, and Planning currently have City owned vehicles which can be used by request when available. Reimbursement for use of a personal vehicle when a City vehicle is available will be paid at a lower rate (currently \$.19/mile). Use of a personal vehicle when no City vehicle is available must be pre-approved by the Department Director in writing and will be paid at the full rate (currently \$.51/mile). Reimbursement for all mileage is subject to change and will be paid according to the GSA mileage rates. ([www.gsa.gov/mileage](http://www.gsa.gov/mileage)) Employees who receive a regular travel allowance are responsible for all travel costs incurred within a 100 mile radius of the City.

Reimbursement for mileage between Oregon cities will be based upon, and will not exceed, the Oregon Department of Transportation Mileage Table (see attached Table). The Transportation Mileage Table indicates the actual mileage to the destination city from Klamath Falls. The employee may add no more than 20 additional miles for "around town" travel. Mileage to other destinations will be in accordance with the mileage as documented through MapQuest using the most direct route on major highways. ([www.mapquest.com](http://www.mapquest.com)) Details must be attached to the Expense Report. Requests for mileage in excess of the charted amount will require an explanation on the Travel Expense Report to be considered for reimbursement.

The City will pay all necessary public transportation costs provided receipts are submitted for any cost in excess of \$10.00

**Food:**

The City will pay per diem to cover the cost of food per the rate tables found on [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). No receipts are required. Go to the website and type in the location of your travel and select "find per diem rates" to determine the allowable cost.

**Lodging:**

The City will pay reasonable lodging costs of the employee. Receipts are required. Lodging expense in excess of the GSA guidelines will require prior written approval from the employee's supervisor/department director. Employees are to check for the current GSA guidelines at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) by entering your travel location and selecting "find per diem rates". For out of state locations only, print this information to attach to your expense report. If lodging will exceed these guidelines, have your Supervisor make a notation and sign the per diem print out.

**Conference and Seminar Fees:**

The City will pay approved conference and seminar fees, receipts are required.

TRANSPORTATION MILEAGE TABLE

Oregon Cities

**FROM KLAMATH FALLS**

	<b>MILES</b>
<b>TO:</b> Albany	213
Arlington	306
Ashland	64
Astoria	364
Baker City	383
Bandon	245
Beaverton on	276
Bend	137
Brookings	208
Burns	235
Chemult	71
Chiloquin	28
Clatskanie	341
Condon	265
Coos Bay	245
Coquille	227
Cottage Grove	181
Dallas	242
Elgin	428
Enterprise	473
Eugene	173
Florence	234
Forest Grove	285
Fossil	245
Gold Beach	238
Grants Pass	104
Heppner	309
Hermiston	351
Hillsboro	286
Hood River	289
Independence	233
John Day	290
Junction City	187
Lincoln City	292
La Grande	408
Lake Oswego	273
Lakeview	96
Lebanon	214

Madras	179
Malin	28
McDermitt	306
McMinnville	259
Medford	76
Milton-Freewater	408
Milwaukie	277
Newberg	263
Newport	267
North Bend	248
Nyssa	368
Oakridge	131
Ontario	365
Oregon City	270
Pendleton	378
Portland	279
Prineville	172
Rainier	327
Redmond	153
Reedsport	244
Roseburg	171
St. Helens	308
Salem	234
Seaside	351
Sheridan	261
Silverton	246
Springfield	170
The Dalles	268
Tillamook	303
Toledo	260
Union	419
Vale	349
Vermonia	316
Woodburn	250

**Other Cities:**

Lake Tahoe, CA	321
Reno, NV	272

**City of Klamath Falls  
Employee Travel Expense Report**

Name of employee: \_\_\_\_\_

Date: \_\_\_\_\_

Directions: All bills and receipts must be attached to this report (except meals within the per diem rate, and taxi fares). Enter amount spent and/or mileage incurred in appropriate column and total amount. Submit completed form to your supervisor within 30 days.

	DATE ____/____/____	DATE ____/____/____	DATE ____/____/____	DATE ____/____/____	DATE ____/____/____
<b>Lodging</b>	\$	\$	\$	\$	\$
<b>Meals</b> (Check for the current per-diems applicable to your travel destination <a href="http://www.gsa.gov/mie">http://www.gsa.gov/mie</a> )	\$	\$	\$	\$	\$
<b>Taxi, Bus, Shuttle, etc.</b>	\$	\$	\$	\$	\$
<b>Phone</b>	\$	\$	\$	\$	\$
<b>Parking/Garage</b>	\$	\$	\$	\$	\$
<b>Air Fare/Train Fare</b>	\$	\$	\$	\$	\$
<b>Mileage*</b> (# x GSA Rate, see <a href="http://www.gsa.gov/mileage">www.gsa.gov/mileage</a> for rate)	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$
<b>TOTAL &gt;</b>	\$	\$	\$	\$	\$

\* Exclude first 100 miles if you have a monthly travel allowance. For travel to other cities, add a maximum of 20 miles for "around town" travel.

Purpose of Trip (Destination, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Travel Expense of Trip \$ \_\_\_\_\_ Account #(s) \_\_\_\_\_  
 Check Advanced: Check # \_\_\_\_\_ \$ \_\_\_\_\_  
 Balance due Employee or City (Circle one) \$ \_\_\_\_\_

I hereby certify that the travel indicated above was accomplished according to the authorization letter and that information shown above is correct and that no part of compensation claim was of a personal nature.

Signed: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Employee Supervisor/Department Director