Office of the State Public Defender

CONTRACTOR TRAVEL INFORMATION

The following information is needed to process your travel costs. Please complete this form, transfer the dollar amounts to your claim form **by case number** and attach this as backup documentation. All motel receipts must be attached. Note that costs exceeding $200 must be pre-approved. Meal receipts are not required, but you must include your departure and arrival times to claim meals, reimbursed at the current state rate. Mileage and lodging are also reimbursed at the current state rate. Details are in the state Travel Policy.

NAME	VENDOR NUMBER

MAILING ADDRESS

Date	Time Departed from home base	am pm	Time Returned to home base	am pm	REQUIRED Destination/Reason for Travel	REQUIRED Client Name/ OPD Number	# Miles	Mileage Total $	Meals (Per Diem)	Other Expense (Lodging etc.)	Total

OTHER EXPENSES

- ❑ **List any additional expenses for reimbursement. Attach receipts.**

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CONTRACTOR SIGNATURE **DATE** **APPROVED BY** **DATE**
(RDPD, CONFLICT COORDINATOR OR APPELLATE DEFENDER)