**Administrative Budget Worksheet for All Facilities**

Line B

Mileage, Meals and Lodging Allowance

Includes mileage, meals and lodging for facility reviews, out-of-state travel and other travel (exclude staff training, development and provider training).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In-State Travel for Facility Reviews** | | | | | |
| Name of Person Conducting Review | Facility Name Reviewed | Number of Miles | Mileage  Expense\* | Meal $ Allowance | Lodging $ Allowance |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |

\*Maximum allowable rate is 54.5 cents per mile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Out of State Travel**  (requires prior State Agency Approval ) | | | | | | |
| Name of Person Traveling | Location | Dates of Travel | Number of Miles | Mileage  Expense\* | Estimated Meal $ Allowance | Estimated Lodging $ Allowance |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |

\*Maximum allowable rate is 65.5 cents per mile

|  |
| --- |
| **Purpose of Travel** |
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|  |

Date Approved by State Agency:

*Use additional pages if needed.*