**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).

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

\*Maximum allowable rate is 65.5 cents per mile

|  |
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| **Purpose of Travel** |
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Date Approved by State Agency:

*Use additional pages if needed.*