



**Luzerne County Head Start, Inc.**  
**Travel Advance Reconciliation Form**

Employee Name: \_\_\_\_\_

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

Name of Trip/Conference: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Meal & Incidentals Advanced: \_\_\_\_\_

Hotel Room Cost Charged/Day:\*\* \_\_\_\_\_

Less Meal provided\* \_\_\_\_\_

Less day shortened \_\_\_\_\_

Less Meal provided\* \_\_\_\_\_

Less day shortened \_\_\_\_\_

Less Meal provided\* \_\_\_\_\_

Less other unallowable cost \_\_\_\_\_

Less Day(s) shortened \_\_\_\_\_

Less other unallowable cost \_\_\_\_\_

Net Allowed \_\_\_\_\_

Net Allowed \_\_\_\_\_

**\* Use table below to find meal rates & multiply by the number of days served**

**\*\* If room was double occupancy, divide room/day by 2**

Meals Advanced \_\_\_\_\_

+ Hotel Room Cost Charged \_\_\_\_\_

- Net Allowed Meals \_\_\_\_\_

-Net Allowed Hotel Room \_\_\_\_\_

Net Due \_\_\_\_\_

**Certification:**

*I certify that the information provided here is accurate and correct, and that I have used the funds extended to me by LCHS in the manner intended.*

**Make check payable to "Luzerne County Head Start, Inc."**

Meal Rates (Use to subtract Gratis Meals)	
Breakfast	
Lunch	
Dinner	
Incidental	
<b>Total</b>	<b>\$ -</b>

\_\_\_\_\_  
*employee signature*

\_\_\_\_\_  
*date*