

TRAVEL EXPENSE REPORT

EMPLOYEE NAME: _____
 DEPARTMENT: _____
 DIVISION: _____
 VENDOR NO: _____

DATE OF SUBMISSION: _____

DOCUMENT REFERENCE NO. TA _____
 PURPOSE OF TRAVEL: _____
 TRAINING _____
 NON TRAINING _____

EXPENSE DETAIL	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
DATES COVERED								
LODGING (EXCLUDING MEALS)								
BREAKFAST								
LUNCH								
DINNER								
SUBTOTALS: (meals only)								
AIR LINE FARE								
CAR RENTAL								
TAXI, BUS, TRAIN, TOLLS, ETC.								
COST OF MILES @ _____ (PER BUDGET UNIT)								
NUMBER OF MILES DRIVEN								
TELEPHONE AND POSTAGE								
OTHER EXPENSES (ITEMIZE):								
REGISTRATION								
PARKING								
FUEL								
TOTALS:								

ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM

TRAVELERS CERTIFICATION

I CERTIFY THAT THE STATEMENTS MADE HERON ARE TRUE, THAT THE MILEAGE LISTED WAS ACTUALLY DRIVEN ON CITY BUSINESS, AND THAT THE EXPENSES INCURRED WERE IN ACCORDANCE WITH THE CURRENT CITY TRAVEL POLICY STATEMENT.

SIGNATURE _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

DIRECTOR'S SIGNATURE: _____ DATE: _____

LESS:

CASH ADVANCES RECEIVED (WARR# _____)

CITY PAID EXPENSES (REGISTRATION FEE, AIRFARE, ETC.)

BALANCE DUE CITY (EMPLOYEE)
