

TRAVEL REQUEST FORM

2/01/16

Instructions: Adhere to Guideline #1910 for travel policy and procedures. List checks to be issued by Finance Department at the bottom left corner of form. Maintain a photocopy of this form for reporting of actual costs at completion of trip. An itemized accounting using the right hand side of the form must be forwarded with receipts to the Finance Department within one week after return from trip.

Employee's Name: _____ Dept: _____ Date: _____

Nature and location of Trip: _____

Dates Absent: From _____ to _____ Total Cost Estimate: \$ _____ Budget Account Code: _____

ESTIMATED EXPENSES:

	Estimate	To Be Prepaid	Cash Advance	Credit Card	Total
1. Registration Fees	_____	_____	_____	_____	_____
2. Lodging _____ nights @ \$ _____ per night	_____	_____	_____	_____	_____
3. Meals _____ days @ \$30 per day	_____	_____	_____	_____	_____
4. Transportation Personal Car _____ miles @ \$.54	_____	_____	_____	_____	_____
5. Other: _____	=====	=====	=====	=====	=====

TOTALS:

Issue Checks to (include name/address): _____ Account # _____ Amount _____

- 1) _____

- 2) _____

ACTUAL EXPENSES:

1. Registration Fees	_____
2. Lodging _____ nights @ \$ _____ per night	_____
3. Meals _____ days @ \$30 per day	_____
4. Transportation Personal Car _____ miles @ \$.54	_____
5. Other: _____	=====

TOTALS:

(Less) Prepaid Items _____
 (Less) Cash Advance Issued _____
 (Less) Credit Card Charges _____

Payment Due from Employee _____

-or-

Reimbursement Due to Employee _____

Requested by: _____ (Employee) Date: _____
 Approved by: _____ (Dept. Head) Date: _____
 Authorized by: _____ (City Manager) Date: _____

Date: _____
 Requested by: _____ (Emp)
 Approved by: _____ (DH)
 Authorized by: _____ (CM)

Comments: _____
