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	ACTUAL EXPENSES:	
1. Registration Fees	_____	_____	_____	_____	_____	1. Registration Fees	_____
2. Lodging _____ nights @ $_____ per night	_____	_____	_____	_____	_____	2. Lodging _____ nights @$_____ per night	_____
3. Meals _____ days @ $30 per day	_____	_____	_____	_____	_____	3. Meals _____ days @ $30 per day	_____
4. Rental Car	_____	_____	_____	_____	_____	4. Rental Car	_____
Personal Car _____ miles @ $.56	_____	_____	_____	_____	_____	Personal Car _____ miles @ $.56	_____
5. Other: _____	_____	_____	_____	_____	_____	5. Other: _____	_____
TOTALS:	_____	_____	_____	_____	_____	**TOTALS:**	

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

1. _____   _____   _____

_____

_____

2. _____   _____   _____

_____

_____

(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: _____

_____