



## TRAVEL EXPENSE CLAIM FORM

*(To Be Completed After Your Travel)*

TRANSPORTATION	
Air Fare (attach original ticket)	\$
Personal Car ( ___ miles @ \$0.58 per mile)	\$
Other (attach receipts if over \$5.00)	\$
<b>TOTAL TRANSPORTATION</b>	\$

**MEALS:** Fill in the actual cost of each meal, even if it exceeds the amount allowed. The total is the sum of the day's actual costs. The total allowable is either the amount which falls within the meal allowance as defined by current City travel policy, or the actual cost, (whichever is less) which has been approved, and is supported by acceptable documentation **(ATTACH itemized receipts)**

Date	Breakfast \$10.00	Lunch \$15.00	Dinner \$20.00	Actual Total	Allowable Total
<b>TOTAL MEALS</b>					\$

MISCELLANEOUS: (Itemize and attach receipts for items over \$5.00)	
	\$
	\$
<b>TOTAL MISCELLANEOUS</b>	\$

EXPENSE CALCULATION:	
Registration Fee (attach brochure and receipt)	\$
Transportation	\$
Lodging (attach itemized hotel bill)	\$
Miscellaneous	\$
<b>TOTAL EXPENSES</b>	\$
<b>LESS DIRECT PAYMENTS</b>	(\$)
<b>AMOUNT TO BE REFUNDED TO YOU</b>	\$

**TOTAL MONEY RECEIVED IN ADVANCE** (Attach Travel Request Form) \$ \_\_\_\_\_

TRAVEL INFORMATION SECTION:	
Name:	Dept/Div:
Your Address:	
Purpose for Travel:	
City of Travel:	Dates

I certify that this claim is correct and that no part of it has been paid except those amounts listed above as advanced or paid directly.

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

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