



**USE THIS FORM FOR TRAVEL IN 2023**  
**TRAVEL EXPENSE CLAIM FORM**  
*(To Be Completed After Your Travel)*

<b>TRANSPORTATION:</b>	
Air Fare (attach original, itemized tickets)	\$
Personal Car ( _____ miles @ \$0.655 per mile)	\$
Other (attach receipts if over \$5.00 for parking, tolls, etc.)	\$
<b>TOTAL TRANSPORTATION:</b>	<b>\$</b>

<b>LODGING: (attach itemized hotel bill)</b>	
Check In Date: _____ Check Out Date: _____	\$
<b>TOTAL LODGING:</b>	<b>\$</b>

<b>MEALS:</b> Fill in the actual cost of each meal, even if it exceeds the allowable amount. The actual total is the sum of the day's actual costs. The allowable total is either the amount which falls within the meal allowance as defined by the current City Travel Policy, or the actual cost (whichever is less), that has been approved and is supported by the attached itemized receipts.					
Date	Breakfast \$10.00	Lunch \$15.00	Dinner \$20.00	Actual Total	Allowable Total
					\$
					\$
					\$
					\$
					\$
<b>TOTAL MEALS:</b>					<b>\$</b>

<b>MISCELLANEOUS: (attach other itemized receipts if over \$5.00)</b>	
	\$
<b>TOTAL MISCELLANEOUS:</b>	<b>\$</b>

<b>EXPENSE CALCULATION:</b>	
Registration Fee (attach complete agenda and receipt)	\$
Transportation	\$
Lodging	\$
Allowable Meal Total	\$
Miscellaneous	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>
<b>LESS: DIRECT PAYMENTS BY CITY</b>	<b>(\$      )</b>
<b>LESS: TOTAL MONEY EMPLOYEE RECEIVED IN ADVANCE</b>	<b>(\$      )</b>
<b>AMOUNT TO BE REIMBURSED TO EMPLOYEE</b>	<b>\$</b>

<b>TRAVEL INFORMATION SECTION:</b>	
Employee Name: _____	Department: _____
Employee 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 direct payments by the city or advanced to the employee.

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

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