

TRAVEL REIMBURSEMENT REQUEST

Employee Name _____

Job Location _____

Employee Address _____

Official Meeting Attended _____

Location of Meeting

City _____

State _____

Date of Trip

Beginning _____

Ending _____

Departure Time _____

Return Time _____

REGISTRATION (attach original receipt):

Enter -0- if pre-paid

\$ _____

TRAVEL EXPENSE

(attach original, unaltered receipts for hotel, meals, taxi, rental car & fuel, parking, and if applicable airline itinerary, baggage, etc.)

Budget Acct. Line

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Funds **must** be available**TOTALS****DATES****LODGING**

(Itemized receipt required)

MEALS

BREAKFAST

LUNCH

DINNER

TOTAL FOR MEALS**TAXI FARES** (Business Only)**TIPS** (excluding meals)**PARKING****RENTAL CAR** (Business Only)**FUEL** (rental car only)**OTHER** (Business Only)**AIR FARE** (not prepaid)**DISTANCE BY PERSONAL AUTOMOBILE:** _____ 0.585 CENTS PER MILE**TOTAL TRAVEL EXPENSE**

\$ _____

EMPLOYEE CERTIFICATION

I hereby certify that the above expenses are just, true, and correct; that no part thereof has been paid and that the balance therein stated is actually due and owing and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

BUSINESS OFFICE CERTIFICATION

I, the CPSD employee's supervisor, certify this expense report has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the employee's authorized official duties.

EMPLOYEE SIGNATURE _____

DATE _____

PURCHASING/ INS. CLERK SIGNATURE _____

DATE _____

BUSINESS DIRECTOR APPROVAL _____

DATE _____

Reimbursement of Expenses Travel Log

[illegible]