

TRAVEL AND TRAINING REQUEST FOR EMPLOYEE ADVANCE AND REIMBURSEMENT

Name: _____ Date: _____

Department: _____

Purpose: _____

Benefits to the Public: _____

Department Approval: _____

City Manager Pre- Approval: _____

The following expenses are reimburseable, with receipts, per the City Commission Policy. Do not include expenses paid directly to vendors by the City. Numbers 1-7 must have receipts for reimbursement.

Number 8 is reimbursed per F.S. 112.061.

Travel Dates: _____ Travel Destination: _____

Travel Event: _____

1.) Registration \$ _____

2.) Required Training Material _____

3.) Personal Vehicle Mileage @ 0.70/mile _____

of miles: _____

4.) Public transportation - Type: _____ -

5.) Tolls and Parking Fees _____

6.) Telephone cost for official purposes only _____

7.) Lodging - Number of nights: _____ -

8.) Meals and gratuities: per diem _____

Breakfast \$14,Lunch \$16,Dinner \$26

Total under \$25 reimbursed through petty cash Sub-Total \$ 0.00

Less meal advance already received: (_____)

ACCT CODE _____ TOTAL \$ 0.00

Signature Employee or Official _____

I certify by my signature that the above expenses were necessary in the performance of my official duties and that this is a true and correct statement as to every material matter (F.S. 112.061)

By my signature I certify that this travel was on the official business of the City and for the purpose listed above (F.S. 112.061)

MAKE PAYMENT TO: Vendor ID#: _____

