

CLAIM FOR TRAVEL EXPENSES CITY OF SWEET HOME

FOR PRE-APPROVAL ONLY:

Date of Class/
Conference: _____ thru _____ Pre-approval
supervisor
signature: _____

Location: _____ Date: _____

Class/Conference
attending: _____ Vehicle: _____

Employee Name:

Claim will not be allowed unless all information on this voucher is shown in detail.

For travel and incidental expenses incurred. Mileage and meals are automatically calculated from the data entered on second page. Mileage will be verified using Google Maps and a conference agenda ***MUST be attached in order to receive advance/reimbursement for meals.***

City Credit Card	Pre-travel	Post-travel (reconciled)
Hotel Rooms	\$	\$
Other Expenses (Parking, etc)	\$	\$
TOTAL CITY EXPENSES	\$	\$
Personal Reimbursable Expenses		
Meals	\$	\$
Mileage	\$	\$
Other Expenses (Parking, etc)	\$	\$
TOTAL TO BE ADVANCED	\$	\$
Total Due to Employee/(City)	\$	\$

TRAVEL DATES: _____ thru _____

Day of Month	Breakfast (\$10.00) <small>ONLY before 6.a.m.</small>	Lunch (\$15.00)	Dinner (\$20.00) <small>ONLY after 6 p.m.</small>	Miles Traveled	Mileage Paid (\$0.56/mile)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please show departure/arrival time from/to Sweet Home with day of month (if traveling on day).

Upon return from conference/travel, all receipts for lodging and other expenses must be submitted to the Finance Office within 30 days. Meal receipts are not required.

CERTIFICATION TO BE COMPLETED **POST TRAVEL** WITH RECEIPT SUBMITTAL

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

SUBSCRIBED this _____ day of _____, 2021 in Sweet Home, OR

Employee Signature: _____

Approved by: _____ Title: _____

For Finance Office use only:

Post-travel reconciliation completed by: _____ Date: _____

Signature: _____