

TRAVEL REIMBURSEMENT FORM

Name _____ Fund – Account _____ - _____ - _____

Mailing Address _____ Travel Dates _____

- Travel forms must be submitted to the Accounting Department within 30 days of the end date of travel.
- Attach any corresponding receipts to back up travel claims
- Consult the current year Per Diem Rates for Expenses www.gsa.gov
- Use additional paper if needed; put information in same format as the category

LODGING

Vendor	Check In	Check Out	Amount
Total Lodging			

MEALS

Date	Meal	Vendor	Amount
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> O		
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> O		
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> O		
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> O		
	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> O		
Total Meals			

NOTES

By your signature below, you claim the travel submission is true and correct and abides by the HTCG Travel Policy.

Attach all corresponding receipts and documentation to this form.

Employee Signature _____ Official/Dept Head Signature _____

Received by Accounting _____ Approved by Mayor _____