

TRAVEL EXPENSE REPORT

PURCHASES MADE FOR TRAVEL ON A TOWN CREDIT CARD SHOULD NOT BE INCLUDED ON THIS FORM PLEASE ATTACH ANY RECEIPTS FROM THE TOWN CREDIT CARD TO THE FIRST CITIZENS VISA RECONCILIATION FORM

EMPLOYEE NAME

DATE(S) OF TRAVEL

TRAVEL DESTINATION (Be Specific-Note the Location of the Destination, City & State) DEPTARMENT

F/L ACCOUNT

REASON FOR TRAVEL (Be Specific-Note the Class/Conference Name or Descriptor)

| TRANSPORTATION | | | | | | | | | |
|----------------|----------------------------------------------------------------------------|---------|-----|------|-----|--------------------------|-----|-----|--|
| FUEL | COMPLETE ONLY IF A TOWN VEHICLE WAS USED | | | | | | | | |
| | (List Separate Receipts for Fuel Reimbursement; Receipts must be attached) | | | | | | | | |
| TOTAL FUEL | | SUN | MON | TUES | WED | THUR | FRI | SAT | |
| | AMT 1 | | | | | | | | |
| | AMT 2 | | | | | | | | |
| | AMT 3 | | | | | | | | |
| | TOTAL | | | | | | | | |
| MILEAGE | COMPLETE ONLY IF YOUR PERSONAL VEHICLE WAS USED | | | | | | | | |
| MILLAOL | (Mileage to the travel destination, roundtrip) | | | | | | | | |
| TOTAL MILEAGE | | MILEAGE | | | | CURRENT IRS MILEAGE RATE | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| LODGING | HOTEL POINTS CAN NOT BE REIMBURSED | | | | (List each night's stay separately below; Receipt must be attached) | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------|-----|-----|------|---------------------------------------------------------------------|------|-----|-----|
| WHENEVER POSSIBLE, THE DEPARTMENT HEAD SHOULD SECURE LODGING FOR THE SCHEDULED TRAVEL WITH THE TOWN ISSUED VISA | | | | | | | | |
| | | SUN | MON | TUES | WED | THUR | FRI | SAT |
| TOTAL LODGING | AMT | | | | | | | |
| | | | | | | | | |

| MEALS | LEAVE/RETURN DATES ARE NOT SUBJECT TO MEAL REIMBURSEMENT FOR ALL MEALS-SEE FOOTNOTE | | | | | | | |
|-------------|----------------------------------------------------------------------------------------------------|-----|-----|------|-----|------|-----|-----|
| | (Receipts are not required for meals. Only the specified maximums listed below will be reimbursed) | | | | | | | |
| | UP TO | SUN | MON | TUES | WED | THUR | FRI | SAT |
| TOTAL MEALS | \$ 8 (Breakfast) | | | | | | | |
| | \$ 12 (Lunch) | | | | | | | |
| | \$ 26 (Dinner) | | | | | | | |
| | TOTAL | | | | | | | |

TOTAL EXPENSE TO BE REIMBURSED

SIGNATURE EMPLOYEE

DATE

SIGNATURE DEPT HEAD/SUPERVISOR

DATE

*The Town will use the most current IRS value for mileage and meals for reimbursement purposes (www.gsa.gov/mie). The first and last day of travel meal reimbursement is 75% of the daily rate.

**If meals are included in the cost of the class/conference, those meals should not appear on the reimbursement request.