

CITY OF DESERT HOT SPRINGS

Meeting and/or Travel Expense Report

SAMPLE ONLY

NAME: (insert your name)

DEPARTMENT: PW-CCAC

PURPOSE: (insert name of event)

DURATION: (insert the full date[s] of event)

EXPENSE ACCOUNT: 001-41-11-4247

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
DATE						16-Jun		ADJs	LINE TOTAL
Mileage (in miles) **									0
Mileage Claim Amount (calculated)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Registration Fees									\$0.00
Gas and Oil*									\$0.00
Car Rental*									\$0.00
Taxi or Bus Fares*									\$0.00
Parking*									\$0.00
Airfare									\$0.00
HOTEL/ADDITIONAL DAY									\$0.00
Internet Access									\$0.00
Telephone (Official)									\$0.00
MEALS:									\$0.00
Breakfast*									\$0.00
Lunch*									\$0.00
Dinner*									\$0.00
Tips (Misc.)									\$0.00
Internet Access									\$0.00
Other (Explain Below)									\$0.00
Coffee						24.00			\$24.00
Decorations						50.00			\$50.00
TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74.00	\$0.00	\$0.00	\$74.00

* Attach original receipts on page two. Copies will not be accepted.

** Miles less commute miles = Reimbursable Amount. Attach basis for miles determined.

*** City prepaid expenses = Charges paid by City credit card or check

I certify that the foregoing statements are correct:

TRAVEL ADVANCE	
*** CITY PREPAID EXPENSES	
REIMBURSABLE EXPENSES	\$74.00
RETURN TO CITY	\$0.00
AMOUNT DUE	\$74.00

SIGNED: (sign your name here)

DATE: APPROVED:

DEPARTMENT HEAD

DATE: APPROVED:

DIRECTOR OF FINANCE AND ADMINISTRATION

AUDITED BY:

DATE:

CITY OF DESERT HOT SPRINGS
Meeting and/or Travel Expense Report
RECEIPT DETAIL

NAME: (INSERT YOUR NAME) **DEPARTMENT:** PW-CCAC

AMOUNT: (INSERT TOTAL AMOUNT OF EXPENSES)

DESCRIPTION OF EXPENSE: (INSERT DESCRIPTION OF EXPENSES)

DATE: (INSERT DATE)

MOUNT RECEIPTS HERE WITH TAPE

Attach only original receipts