

**TOWN OF ATLANTIC BEACH
TRAVEL ADVANCE REQUEST**

Name:	Date of Request:
Department:	Dates of Travel:
Destination and Purpose:	

ESTIMATED EXPENSES			
Description	Number	Amount	Account Number
Hotel (\$___ per day)			
Breakfast (\$7.00 max reimb)			
Lunch (\$10.00 max reimb)			
Dinner (\$18.00 max reimb)			
Car rental			
Taxi/bus/subway			
Parking fees/tolls			
Registration fee			
Gas (town vehicle)			
Mileage (\$.50 per mile)			
Other			
Total Amount	---		- -

CHECK(S) INFORMATION	
Payable To:	Due Date:
Account Number:	Amount:
Payable To:	Due Date:
Account Number:	Amount:

I certify that the funds requested hereon are to be used for the purpose stated. I further certify that upon return from the mentioned travel, I will submit to the Finance Officer receipts for expenditures and any unused cash advance.

 Person Requesting Advance

 Department Head

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

 Town Manager / Finance Officer