

**TOWN OF ATLANTIC BEACH
TRAVEL EXPENSE REPORT**

NAME: _____ **DEPARTMENT/
ACCOUNT NUMBER:** _____

TRAVEL DATES: _____ **DATE SUBMITTED:** _____

DESTINATION: _____ **PURPOSE:** _____

ITEMS	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Hotel								
Breakfast (\$7.00)								
Lunch (\$10.00)								
Dinner (\$18.00)								
Car rental								
Taxi/bus/subway								
Parking fees/tolls								
Telephone								
Registration fee								
Gas (town vehicle)								
Mileage*								
Other**								
TOTALS								

* MILEAGE _____ miles @ \$.555 per mile
(2012 IRS Rate)

TOTAL CASH EXPENSES

** OTHER (BRIEF DESCRIPTION)

CASH ADVANCED

AMOUNT DUE TOWN

\$

AMOUNT DUE EMPLOYEE

\$

***** RECEIPTS REQUIRED FOR ALL EXPENSES EXCEPT MEALS *****

I certify that the funds above have been used for the travel destination and purpose stated above. I have returned the receipts for each expenditure and any unused portion of the cash advance to the Finance Department, and any request for further reimbursement is legitimate.

Signed _____ Date _____

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act and shall be signed by both the Department Head and Finance Officer/Town Manager.