

**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 @ \$.50 per mile

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.