

City of Lawrence Travel and Expense Reimbursement Request

Name:		Purpose of Travel:		
Employee ID:				
Department:		Destination Location:		
Others in Attendance:		Departure Date:		Time:
		Return Date:		Time:

ATTACH ALL ORIGINAL RECEIPTS TO THIS REPORT TO BE REIMBURSED

DAILY EXPENSES

	DATE									REIMBURSABLE CHARGES
	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
AIR, RAIL & BUS TRANSPORTATION										
TAXIS, RENTAL CAR & OTHER TRANSPORTATION										
PERSONAL AUTO <small>Mileage Rate Per IRS</small>	Attach Mapquest or Google Map									
	MILES									
	AMOUNT									
ROOM CHARGES, PER ATTACHED HOTEL BILL										
HIGHWAY AND BRIDGE TOLLS										
PARKING										
OTHER EXPENSES (EXPLAIN BELOW)										
SUBTOTAL										
MEALS	Breakfast									
	Lunch									
	Dinner									
	Other (explain below)									
TOTALS PER DAY										

	Org-object-project		TOTAL TRAVEL EXPENSES	
Account Distribution				
	TOTAL			

TRAVELER'S NOTES AND DESCRIPTIONS OF ENTERTAINMENT AND OTHER EXPENSE ITEMS (IF ADDITIONAL SPACE FOR COMMENTS IS NEEDED PLEASE ATTACH ANOTHER PAGE)

I hereby certify under the penalty of perjury that the amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the City of Lawrence, and that no part of the compensation claimed was of a personal nature.

Employee Signature		Date	
Department Head Signature		Date	

Note: Please keep a copy of this Travel Reimbursement Request Form and all receipts for your records. Credit Card charges must include itemized receipts. Credit card statements will not be accepted as documentation.

I hereby certify that I have reviewed and authorize the attached to be processed for payment Comptroller's Office _____	Mayor's Signature _____ For Dept Head reimbursement and/or reimbursements = or > \$300.00
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