CITY OF PETALUMA TRAVEL EXPENSE REPORT

Please attach all receipts or statements for costs in excess of \$25 and explanations of other expenditures that were paid for directly by you.

Page _____ of _____

Date:

Dept:

Name:

Event/Course	Attended:
D / e	1 1000 11 00 00

Location:

Dates Attended:

Itemized Expenses	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Dates								TOTALS
Hotel								
Meals & Tips								
Transportation - Air,Transit,Taxi, Rentals, Tips								
Other (List)								
Mileage Reimburse	ement - U M	se mileag ultiply tot	e log on t al miles b	back to rec	cord miles reimburse	s. ement rate	e.	
TUTAL EXPENSES THIS PAGE								
EXPENSES FROM OTHER PAGES								
		EXPENS						
		EXCESS						
		(Pay by cl						

I certify that the above expenses represent actual and necessary expenses for City business.

Submitted By:				Date:			
Approved By:				Cost Center to be Charged:			
POLICE DEPT. USE	FINANCE DEPARTMENT USE						
Post Control #:	Fund	Exp	Dıv	Acct	Amount		
Post Plan #:						Advance Cleared: Entered:	

/excel/forms/travel - 11/99

MILEAGE REIMBURSEMENT LOG

Name:
Department:

Date
From
To
Purpose
Total Miles

Date
From
To
Purpose
Total Miles

Date
Image: Constraint of the second second

For Use in Explanation of Other Expenditures: