CITY OF EUREKA TRAVEL REQUISITION

Travel Requisition No.

This form should be completed in legible handwriting

| Employee Name | Department | | Position | | |
|---|-------------|--------------------|---------------|------------|--|
| | | | | | |
| Destination | No. of Days | Account | No. | Amount | |
| | | | | | |
| PURPOSE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| COST SUMMARY | | | | | |
| Description | Payee | | Payment Metho | od Amount | |
| Registration | | | | | |
| Air fare | | | | | |
| Lodging | | | | | |
| Meals and incidental allowance | | | | | |
| Rental car | | | | | |
| Mileage - # of miles: @\$.56 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL | | |
| DAVMENT CHMMADY | | | | | |
| PAYMENT SUMMARY Cash Advance to Employee | | | | | |
| Direct Vendor Payments | | | | | |
| Credit Card Estimate | | | | | |
| Credit Card Estimate | | | TOTAL | | |
| | | | TOTAL | | |
| ITINERARY | D-1-/T: | A | | Data /Time | |
| Departure | Date/Time | Arrival | | Date/Time | |
| | | <u> </u> | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| Employee Signature | Date | Department Head S | Signature | Date | |
| City Manager Signature | Date | Received by Employ | W00 | Date | |
| City Planager Signature | Date | Received by Employ | yee | Date | |

Travel Requisition

EXPENSE REPORT AND RECONCILIATION TO CASH ADVANCE

| REIMBURSABLE EXPENSE DETA | VIT . | | | | | | 1 |
|--|--|------------|--|------------------------------------|---|----------------|----------|
| Description | | Date Date | | | | | TOTAL |
| Registration | | | | | | | |
| Air fare | | | | | | | |
| Lodging | | | | | | | |
| Meals and incidental allowance | | | | | | | |
| Rental car | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Receipts must be attached for all expenses e. | xcept those covered by | v per di | iem allowance | | TOTAL | | |
| | | | | | | | |
| | | | | | | | |
| ILEAGE DETAIL - PERSONAL | VEHICLE | 1 | Odes | | Dandina | | <u> </u> |
| | VEHICLE | S | | - | Reading Ending M | 1ileage | TOTAL |
| | VEHICLE | S | Odo tarting Mileag | - | Reading Ending M | 1ileage | TOTAL |
| | VEHICLE | S | | - | | 1ileage | TOTAL |
| | VEHICLE | Si | | - | | 1ileage | TOTAL |
| | VEHICLE | Si | | - | | <u>lileage</u> | TOTAL |
| Departure/Destination | | | tarting Mileag | je . | Ending M | 1ileage | TOTAL |
| Departure/Destination Standard mileage tables provided in the | e City's travel | Tot | tarting Mileag | ge sonal | Ending M | | TOTAL |
| Departure/Destination Standard mileage tables provided in the | e City's travel | Tot | tarting Mileag | ge sonal | Ending M | | TOTAL |
| Departure/Destination Standard mileage tables provided in the | e City's travel | Tot Rei | tarting Mileag | sonal v | Ending M vehicle | 2 | |
| Departure/Destination Standard mileage tables provided in the | e City's travel | Tot Rei | tarting Mileag al miles - pers mbursement (| sonal v | Ending M vehicle 66 per mile | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the | e City's travel | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab | sonal v a5 | vehicle 66 per mile RAVEL EXE | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the guidelines may be used in lieu of odome. I hereby certify that the amounts listed above | e City's travel eter readings | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab | sonal v | vehicle 66 per mile RAVEL EXE | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the guidelines may be used in lieu of odome. I hereby certify that the amounts listed above conformance with the approved travel author. | e City's travel eter readings e were incurred in ization and that no | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab ount Advance ual) Amount Due | sonal v | vehicle 66 per mile RAVEL EXE | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the guidelines may be used in lieu of odome. I hereby certify that the amounts listed above conformance with the approved travel author. | e City's travel eter readings e were incurred in ization and that no | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab ount Advance | sonal v | vehicle 66 per mile RAVEL EXE | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the guidelines may be used in lieu of odomo. I hereby certify that the amounts listed above conformance with the approved travel author part claimed for reimbursement is of a person. Employee Signature | e City's travel eter readings e were incurred in ization and that no | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab ount Advance ual) Amount Due | sonal v LE Tible Tra dinches Empl | vehicle 66 per mile RAVEL EXF avel Expense uding Credit | e PENSE SI | |
| Departure/Destination Standard mileage tables provided in the guidelines may be used in lieu of odomo. I hereby certify that the amounts listed above conformance with the approved travel author part claimed for reimbursement is of a person | e City's travel eter readings e were incurred in ization and that no nal nature: | Tot Rei | al miles - pers mbursement @ IMBURSAB al Reimbursab ount Advance ual) Amount Due | sonal v LE Tible Tra dinches Empl | vehicle 66 per mile RAVEL EXF avel Expense uding Credit | e PENSE SI | UMMARY |

City Manager approval is required if itemized expenses exceed daily per diem and incidental allowance amounts or other estimated costs.