

CITY OF EUREKA  
**TRAVEL REQUISITION**

Travel Requisition No.
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*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 Method	Amount
Registration			
Air fare			
Lodging			
Meals and incidental allowance			
Rental car			
Mileage - # of miles:      @\$.56			
<b>TOTAL</b>			

**PAYMENT SUMMARY**

Cash Advance to Employee	
Direct Vendor Payments	
Credit Card Estimate	
<b>TOTAL</b>	

**ITINERARY**

Departure	Date/Time	Arrival	Date/Time

Employee Signature	Date	Department Head Signature	Date
City Manager Signature	Date	Received by Employee	Date

*Use the reverse side of this form for reporting actual expenses within 10 working days after your return*

