TOWN OF HILLSBOROUGH
REIMBURSEMENT REQUEST FOR
TRAVEL COSTS PAID BY CITY COUNCILMEMBER

(Submit to Finance Director)

NAME: _____ DATE SUBMITTED: _____

DATE(S) OF TRAVEL: _____

PURPOSE OF TRAVEL: _____

NAME OF PERSON (Mayor, Vice Mayor, City Manager): _____

(who concurred in advance that travel was relevant to Councilmember's performance of official duties)

LODGING EXPENSES (Attach receipts): $_____

TRANSPORTATION EXPENSES (Attach receipts):

AIRFARE	$_____	
TRAIN FARE	$_____	
VEHICLE RENTAL	$_____	
GROUND TRANSPORTATION (cab, bus, shuttle, subway)	$_____	
PRIVATE VEHICLE USE $____/mile x _____miles	$_____	
SUBTOTAL		$_____

OTHER EXPENSES (Attach receipts):

MEALS (daily per deim/ x _____ days)	$_____	
REGISTRATION FEES & OTHER PROGRAM CHGS	$_____	
SUBTOTAL		$_____

TOTAL AMOUNT OF CLAIM: $_____

I certify that this claim is a true record of expenses incurred for travel relevant to my performance of my official duties.

_____ _____

CITY COUNCILMEMBER SIGNATURE DATE

APPROVED FOR PAYMENT:

_____ _____

FINANCE DIRECTOR DATE