

Calendar Year: \_\_\_\_\_



**City of Buellton**

**Travel/Training Expense Report**

Employee Name \_\_\_\_\_  
 Date(s) of Travel: \_\_\_\_\_  
 Location (Destination) \_\_\_\_\_  
 Description of Event: \_\_\_\_\_  
*(Attach Flyer with event information)*

*By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the City of Buellton.*

Requestor Signature & Date \_\_\_\_\_

Finance Dept Review & Date \_\_\_\_\_

Approver Signature & Date \_\_\_\_\_  
*(City Manager OR Finance Director)*

*-- Account for all expenses incurred for conferences and meetings*

*--No reimbursement will be made without a receipt*

Date	Description of Expenses <i>(Must attach supporting documentation: receipts, confirmations, written explanation, etc.)</i>	MILEAGE <i>(Use of Personal Vehicle)</i>	METHOD OF PAYMENT <i>(City CC, Personal CC, Cash, Check)</i>	Requestor (Employee)			Spouse Expenses*	Total
				Lodging	Meals	Miscellaneous		
<b>SUB-TOTAL :</b>								
<b>IRS Mileage Rate:</b>			Total Mileage: _____ miles @ IRS Mileage Rate					
<i>(Attach mileage map for proof of total miles)</i>			*** Less: Spouse Expenses # _____					
<b>TOTAL EXPENSES (A):</b>								

All expenses reported on this form must comply with the City's policies relating to expenses and use of public resources as set forth in Resolution No. 06-03. The information submitted on this form is a public record. Penalties for misusing public resources and violating the City's policies include loss of reimbursement privileges, restitution, civil and criminal penalties as well as additional income tax liability.

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	<b>City of Buellton</b> <b>Travel/Training Expense Report</b>
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Portion to be completed by Finance Department:

Travel and Meeting Expenses Paid by City				
Date	Description (registration, lodging, meals, etc.)	City CC	City Check	Total Amount
<b>TOTAL (B):</b>				

Summary	
<b>TOTAL (A):</b>	
<b>TOTAL (B):</b>	
<b>Net Due to Requestor (A less B)</b>	

Allocate Amount from Summary to Account Below	
Account Number:	

Spouse Reimbursement Check# \_\_\_\_\_