

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

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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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
TOTAL (B):				

Summary	
TOTAL (A):	
TOTAL (B):	
Net Due to Requestor (A less B)	

Allocate Amount from Summary to Account Below	
Account Number:	

Spouse Reimbursement Check#