

POLICIES AND PROCEDURES MANUAL: PERSONNEL
Subject: EMPLOYEE TRAVEL EXPENSES

CITY OF TAFT
 TRAVEL REIMBURSEMENTS/TRAVEL ADVANCE

This form may be used for tuition and lodging. Attach supporting documentation per occasion.

Name	Department To Be Charged
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SCHEDULE A
 Record of Expense Claimed/or Per Diem

Date	Explanation (Submit receipts for all expenses)	Parking/Tips	Meals			Daily Total
			B	L	D	

Total Schedule A \$ _____

Schedule B

Record of Travel in Privately Owned Automobile Thirty-six and ½ cents (36.5) per mile				
Date	Odometer Reading		No. of Miles	Purpose
	From	To		

Total Schedule B \$ _____
 Total Schedule A + B \$ _____
 Less Advances \$ _____
Total Amount Claimed \$ _____

I certify that this claim is a true record of expenses incurred on official business of the City of Taft for the above dates.

Dated submitted _____ By _____

APPROVAL RECOMMENDED:

 Department Head

 City Manager

Effective Date: 02/05/2002
Resolution No. 2300-95; 2381-97; 2468-98; 2651-02