

TRAVEL EXPENSE REPORT



CITY OF WACO

Date: _____

Traveler: _____

Department: _____

Purpose of Trip: _____

Destination: _____

Departure Date: _____ Return Date: _____

Authorized By: _____

Traveled By: City Auto Private Auto Airline
(check one)

EXPENSES

(attach itemized hotel receipt and others as required by City travel policy)

**ADVANCED
AMOUNT**

**ACTUAL
COST**

Hotel Name: _____
& City _____

Meals for self: _____ days @ \$ _____ per day

Meals for others: _____
(please list names) _____

Airfare: _____

Mileage: _____ Miles @ \$ _____ per mile

Other Items: _____

Expense Account: _____

Total Cost: _____

FOR FINANCE DEPT USE ONLY:

Advance Account: _____ - 0000 - 118.10 - 00
Project Number: V _____

Total Advanced Amount: (_____)

Amount due to City or Traveler: _____
(circle one)

PLEASE ATTACH YOUR ORIGINAL AUTHORITY TO TRAVEL

Approved by: _____
(Department Supervisor)

Certified Correct: _____
(Traveler)

Approved by: _____
(Finance Department)