

**TOWN OF ATLANTIC BEACH
TRAVEL ADVANCE REQUEST**

Name:	Date of Request:
Department:	Dates of Travel:
Destination and Purpose:	

ESTIMATED EXPENSES

Description	Number	Amount
Hotel (\$ ___ per day)		
Breakfast (\$7.00 max reimb)		
Lunch (\$10.00 max reimb)		
Dinner (\$18.00 max reimb)		
Car rental		
Taxi/bus/subway		
Parking fees/tolls		
Registration fee		
Gas (town vehicle)		
Mileage (\$.585 per mile)		
Other		
Total Amount	---	

CHECK INFORMATION

Payable To:	Due Date:
Account Number:	Amount:

I certify that the funds requested hereon are to be used for the purpose stated. I further certify that upon return from the stated travel, I will submit to the Finance Officer receipts for expenditures and any unused cash advance.

 Person Requesting Advance

 Department Head

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

 Town Manager / Finance Officer