

**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 (\$.54 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