

**TOWN OF ATLANTIC BEACH
TRAVEL EXPENSE REPORT**

DEPARTMENT/ NAME: _____ ACCOUNT NUMBER: _____

TRAVEL DATES: _____ DATE SUBMITTED: _____

DESTINATION: _____ PURPOSE: _____

ITEMS	NUMBER	AMOUNT
Hotel		
Breakfast (\$7.00)		
Lunch (\$10.00)		
Dinner (\$18.00)		
Car rental		
Taxi/bus/subway		
Parking fees/tolls		
Telephone		
Registration fee		
Gas (town vehicle)		
Mileage* (.54/MILE)		
Other**		
TOTALS	-----	

** OTHER (BRIEF DESCRIPTION)

TOTAL CASH EXPENSES

CASH ADVANCED

AMOUNT DUE TOWN

\$

AMOUNT DUE EMPLOYEE

\$

***** RECEIPTS REQUIRED FOR ALL EXPENSES EXCEPT MEALS *****

I certify that the funds above have been used for the travel destination and purpose stated above. I have returned the receipts for each expenditure and any unused portion of the cash advance to the Finance Department, and any request for further reimbursement is legitimate.

Signed _____ Date _____

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act and shall be signed by both the Department Head and Finance Officer/Town Manager.