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 ($10.60 In-State)		
Lunch ($14.00 In-State)		
Dinner ($24.40 In-State)		
Car rental		
Taxi/bus/subway		
Parking fees/tolls		
Registration fee		
Gas (town vehicle)		
Mileage ($.76 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.

_____
Finance Officer

2026 #2 IRS MILEAGE
RATE 7/1/2025-6/30/27 NC
MEALS