TOWN OF ATLANTIC BEACH
TRAVEL EXPENSE REPORT

NAME: _____ **ACCOUNT NUMBER:** _____

TRAVEL DATES: _____ **DATE SUBMITTED:** _____

DESTINATION: _____ **PURPOSE:** _____

ITEMS	NUMBER	AMOUNT
Hotel		
Breakfast ($10.60 In-State)		
Lunch ($14.00 In-State)		
Dinner ($24.40 In-State)		
Car rental		
Taxi/bus/subway		
Parking fees/tolls		
Telephone		
Registration fee		
Gas (town vehicle)		
Mileage* ($0.76/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.

2026 #2 IRS RATE
7/1/2025 - 6/30/2027 NC MEALS