

Travel Expense Report

CITY OF JONESBORO

NAME: DEPT:

TRAVEL FROM/TO: FROM/TO:

	Day---->	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
	Date---->								
Hotel/Motel									
Meals: Breakfast									
Lunch									
Dinner									
Tips									
Airfare									
City Car - Fuel									
Rental Car									
Personal Vehicle									
Taxi/Airport Shuttle									
Registration									
Airport Parking									

Explain below

Daily Totals

Grand Total: (Grand Total may not match Daily Totals (example - Tips))

Mileage record
Miles per trip at \$ = \$

The traveler must submit this form with all receipts and/or request for reimbursements to the Finance Department within 10 workdays of return from travel. If not returned within 10 days, your Department Director will be asked to address this with you.

I hereby certify that the above expenditures represent cash spent for legitimate City business and includes no items of a personal nature.

SIGNED: _____
DATE: _____

					APPROVAL
					Dept Director <input style="width: 150px;" type="text"/>
					Dept Bill Payer <input style="width: 150px;" type="text"/>
					Mayor* <input style="width: 150px;" type="text"/>
					* Dept. Head Travel <input style="width: 150px;" type="text"/>