

TRAVEL REIMBURSEMENT REQUEST (TR-2)

Date \_\_\_\_\_

Employee's Name		Title					Department		
Meeting Sponsored By:		City & State Where Held					Dates Travel Authorized		
							From:	To:	
Expenses for Which Reimbursement Requested	Day							Line Totals	
	Date								
Transportation									
Lodging									
Meals - Breakfast									
Lunch									
Dinner									
Local Transportation									
Telephone									
Gratuities									
Registration Fee									
Other									
Totals									

Indicate With An Asterisk Meals Sponsored by the Meeting

Employee's Signature _____		Date _____	<u>Finance Department Reconciliation</u>	
Department Director's Review _____		Date _____	Total Cost of Trip _____	
Finance Director's Review _____		Date _____	Less: Prepaid Registration	
City Administrator's Approval _____		Date _____	Prepaid Room/ Transportation	
			Travel Advance _____	
			Total Due City _____	
			or _____	
			Due Employee _____	
			Receipt Fund # _____	