

TRAVEL AUTHORIZATION / ADVANCE FORM

Name: _____

Approved Advance Amount: _____

Title: _____ Bureau: _____

Teller: _____ Date: _____

Departure Date: _____ Time: _____

Cash Returned: _____ Teller: _____ Date: _____

Return Date: _____ Time: _____

**** I acknowledge receipt of amount shown as a personal liability until settlement is made by submitting a Check Request within ten (10) days, and the return of unspent funds. ****

Purpose: _____

Employee: _____ Date: _____

Mode of Travel: _____

Approvals

Destination: _____

Department Director: _____ Date: _____

Total Estimated Cost: _____

Finance Director: _____ Date: _____

Budget Code: _____

Controller: _____ Date: _____

Reimbursement Method: (check one) Cash Advance _____ Personal _____

TRAVEL EXPENSE REPORT

Lodging	Meals	Registration	Personal Auto Use - Total Mileage	Personal Auto Expense (Mileage x IRS rate)	Fuel/Oil (City Vehicle)	Air, Train, or Bus Fare	Parking, Tolls, Taxi, Uber, Lyft	Miscellaneous (Provide explanation)	Total

Additional Details:

<u>Department Approval</u>		<u>Employee Approval</u>	
Director: _____		Employee: _____	*I hereby certify that the listed expenses are correct and incurred by myself while on duty for the City of Erie.*
Date: _____		Date: _____	
Reimbursement Amount if Using Personal Method:	Teller: _____	*Upon completion of this form, copies should be kept in the Department, Finance and Treasurer's offices.*	
Total: _____	Date: _____		