

# TRAVEL & TRAINING 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: \_\_\_\_\_

Mode of Travel: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_

**Signatures**

Total Estimated Cost: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

Controller: \_\_\_\_\_ Date: \_\_\_\_\_

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 receipts /explanation)	Total
<b>Additional Details:</b>									
<b><u>Department signature</u></b>					<b><u>Employee signature</u></b>				
Director: _____ Date: _____					Employee: _____ Date: _____			*I hereby certify that the listed expenses are correct and incurred by myself while on duty for the City of Erie.*	
<b>Upon completion, copies of this form must be kept in the Finance, Treasurer, and Department offices</b>									