

TRAVEL & TRAINING AUTHORIZATION / ADVANCE FORM

Complete before travel

Name: _____
 Title: _____ Bureau: _____
 Departure Date: _____ Time: _____
 Return Date: _____ Time: _____
 Purpose: _____
 Mode of Travel: _____
 Destination: _____
 Total Estimated Cost: _____
 Budget Code: _____

Approved Advance Amount: _____
 Teller: _____ Date: _____
 Cash Returned: _____ Teller: _____ Date: _____

**** 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. ****

Employee: Signed when cash picked up Date: _____

Signatures

Department Director: _____ Date: _____
 Finance Director: _____ Date: _____
 Controller: _____ Date: _____

Complete after travel

TRAVEL EXPENSE REPORT									
Actual Amounts Spent					Actual Amounts Spent				
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
Additional Details:									
Signed after travel expenses incurred					Signed after travel has occurred				
↓					↓				
Department signature					Employee signature				
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: _____				
Upon completion, copies of this form must be kept in the Finance, Treasurer, and Department offices									