



**Travel Expense Claim Form
For Use By Members of City Council**

Date Form Completed: _____

Council Member's Name: _____

Date of Travel: _____

Traveled to: _____

Purpose of Travel: _____

Summary of Travel Expenses Claimed**	
	Amount
Food/Meal Expenses:	\$
Lodging & Transportation Expenses:	\$
Conference Registration & Other Travel Expenses:	\$
Mileage Expense for Use of Personal Vehicle:	\$
Total Travel Expenses Claimed:	\$

Food/Meal Expenses**				
Date	Breakfast	Lunch	Dinner	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total:	\$	\$	\$	\$

Lodging & Transportation Expenses**					
Date	Airfare	Car Rental	Parking	Hotel	Total
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total:	\$	\$	\$	\$	\$

Conference Registration & Other Travel Expenses**		
Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total:	\$

Mileage Claim If Using Personal Vehicle to Travel			
Date	Driven From/To and Purpose	Miles	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Total:		\$

I hereby certify that the expenses listed above are accurately recorded and represent only expenditures made by me for City business related travel.

Signature: _____

Date: _____

**** Actual receipts must be provided and attached for each travel related expense claimed on this form.**