




TRAVEL AUTHORIZATION

1. DATE PREPARED		2. OFFICIAL STATION			
3. NAME OF EMPLOYEE			4. PHONE		
5. TITLE					
6. OFFICIAL RESIDENCE					
Street Address		Apt. #			
City		State		Zip Code	
7. PURPOSE OF TRAVEL (Include dates & place of meeting, etc.)					
8. LIST OF ACCOMPANYING TRAVELERS					
9. DATE		FROM (City, State)	TO (City, State)	10. ESTIMATED TIME	
				Depart	Return
11. EMPLOYEE STATEMENT					
Travel Advances must be documented via approved Travel Expense Voucher submitted to accounts payable within 10 business days following return from travel status. Travel advances are considered liens against any amount owed by the City to the employee. Any amounts in default may be withheld by the City from funds owed to the employee.					
EMPLOYEE SIGNATURE _____ DATE _____					
12. ITEMIZATION OF ESTIMATED TRAVEL EXPENSES					
DESCRIPTION				ESTIMATED AMOUNT	
12a. TRANSPORTATION - Common carriers					
AIR				\$	
BUS				\$	
TRAIN				\$	
OTHER				\$	
12b. RENTAL CAR				\$	
12c. PRIVATE VEHICLE					
Miles _____ X Rate _____ =				\$	
12d. LODGING					
# Nights _____ X Rate _____ =				\$	
12e. MEALS not included with registration					
Breakfast \$ _____ X # days _____ =				\$	
Lunch \$ _____ X # days _____ =				\$	
Dinner \$ _____ X # days _____ =				\$	
12f. REGISTRATION FEES					
(attach copy of Registration Form)				\$	
TOTAL				\$	
BUDGET NUMBER _____					
APPROVAL SIGNATURE _____ DATE _____					

TRAVEL ADVANCE REQUEST

May be requested only for estimated cost of lodging, meals and registration expenses that have not been prepaid by the City.

 CITY OF MUKILTEO TRAVEL EXPENSE VOUCHER				2) NAME AND ADDRESS OF CLAIMANT				3) MONTH/YEAR			6) REG. SCHEDULED WORK HOURS																					
1) DISTRICT NAME								10) PER DIEM			4) WORK PHONE NUMBER			7) OFFICIAL STATION																		
											11) MOTOR VEHICLE			8) OFFICIAL RESIDENCE																		
9a) DATE		9b) FROM		9c) TO		9d) TRIP TIME		10a) PER MEAL ENTITLEMENT						10b) SUBTOTAL		10c) LODGING COSTS <small>(Receipt Req'd)</small>		10d) TOTAL PER DIEM		11a) MILES DRIVEN POINT to		11b) VICINITY		11c) REIMBURSEMENT RATE		11d) MILEAGE ALLOWANCE		12) OTHER PER DETAIL <small>(FROM BELOW)</small>		13) GRAND TOTAL		14) AMOUNT SUBJECT TO PAYROLL TAXES
						DEPART		RETURN		BRKFST.			LUNCH			DINNER																
															15) LESS TRAVEL EXPENSE ADVANCE -																	
TOTALS																																
16) DETAIL OF OTHER EXPENSES				17) PURPOSE OF TRIP(S) - Provide detail for each trip occurrence												DATE																
DATE		PAID TO		FOR		Amount																										
18) I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.																																
EMPLOYEE SIGNATURE						DATE						20) DEPARTMENT APPROVAL SIGNATURE						TITLE		DATE												