CITY OF SHELTON
CONFERENCE/TRAVEL ACCOUNTING FORM

Instructions:

1. This form must be completed within 10 days from the date of travel, signed by the employee and department head, and forwarded to Financial Services.

2. Reimbursement for meals and mileage shall be reimbursed per Washington State Per Diem Rates as shown on the following website: http://www.ofm.wa.gov/resources/travel/colormap.pdf

(Note: Only include meal receipts if charged on a City Credit Card or if you are requesting excess meal allowance!)

3. Excess meal allowance(s), if claimed, must include all meal receipt(s), and the Department Director and the City Administrator’s approval.

4. All other expense(s) must have receipt(s) attached.

5. Any meal without overnight travel is taxable, will be reimbursed through payroll, and reported on your W-2.

Information:

Employee ___________________________ Name of conference, meeting, etc. ___________________________

Date of conference, meeting, etc. ___________________________ Location ___________________________

Did you use your personal vehicle for travel? Yes ____ No ____

If yes, complete the following:

Miles one way from City to conference, meeting, etc. ____________ X ______ cents/mile = $___________

(Report this amount on the day(s) of travel to and from conference, meeting, etc.)

<table>
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<tr>
<th>Date</th>
<th>Registration</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Lodging</th>
<th>Mileage</th>
<th>Misc.</th>
<th>Prepaid</th>
<th>Credit Card Total</th>
<th>Total Reimbursmnt</th>
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</table>

Totals

I hereby certify that the above represents those expenses incurred by me while on official City business.

Employee Signature ___________________________ Date Signed ______________

Approved: ___________________________ Date Approved ______________

Excess Meal(s) Approved: ___________________________ Date Approved ______________

Supervisor ___________________________ City Administrator ___________________________

Annex B, Personnel Policy 200-1370

Revised 5/20/10