Sample Only - Not For Public Use

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.)

Date	Registration	Breakfast	Lunch	Dinner	Lodging	Mileage	Misc.	Prepaid Total	Credit Card Total	Total Reim-bursmnt
						Totals				

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

_____
Employee Signature Date Signed

Approved:

_____
Supervisor Date Approved

Excess Meal(s) Approved:

_____
City Administrator Date Approved