

## CITY OF MARSHALLTOWN, IOWA

## ADVANCE TRAVEL APPROVAL

Photocopy this report when needed. The form is to be completed and signed by the responsible Department Director at least one week prior to leaving on City-paid travel.

After your return to the City, please complete the **TRAVEL EXPENSE REPORT** and submit it to Finance within ten (10) working days of your return to the City.

Employee Name: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Purpose and Destination of Travel \_\_\_\_\_

Dates of Event: From \_\_\_\_\_ to \_\_\_\_\_ Days

**I understand I must abide by the following conditions or reimbursement will not be made and/or I will be asked to reimburse the City if I used the City credit card.**

- The original receipt must be turned in - no photocopies allowed.
- Receipts must contain the name of the establishment, itemization of what was eaten, date and time, city and state.
- Any meals on a hotel receipt will need to be itemized.
- Reimbursement or charges to credit card will not be made for any alcoholic beverages or non-employee expenses.
- Tips are allowed for no more than 15% of the bill (excluding alcohol) - calculated before tax has been applied. The only exception is if the restaurant assesses more due to having a large group.
- If meals are provided with a conference/meeting you are attending, the City will not pay if you choose to eat at a different venue for your meal or reimburse you for mileage to the other restaurant.

Please see the City's FAQ's (Frequently Asked Questions) for clarification on all reimbursement of expenses when traveling for the City.

I understand that if I do **not** provide all the items listed above I will not get reimbursed for any undocumented expenses or will have to reimburse the City if charged on a City credit card.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

This travel request has been approved by the appropriate department head.

Department Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUDGET INFORMATION**

Account Number: \_\_\_\_\_  
Total Estimated Expenses: \_\_\_\_\_  
Budget Balance Available: \_\_\_\_\_

**CITY OF MARSHALLTOWN, IOWA  
TRAVEL EXPENSE REPORT**

**EXPENDITURES SUBMITTED WITHOUT RECEIPTS WILL NOT BE REIMBURSED**

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**ACTUAL EXPENSES INCURRED:**

Lodging \$ \_\_\_\_\_  
Food (Number of Meals \_\_\_\_\_ ) \$ \_\_\_\_\_  
Conference fees \_\_\_\_\_ Person(s) at \$ \_\_\_\_\_ per person \$ \_\_\_\_\_

Transportation:  
Commercial Carrier \$ \_\_\_\_\_

Auto Allowance Miles @ \_\_\_\_\_¢ mile \$ \_\_\_\_\_

Other Costs \$ \_\_\_\_\_

TOTAL COSTS: \$ \_\_\_\_\_  
Amount Due Employee \$ \_\_\_\_\_

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF THE CONFERENCE REGISTRATION FORM  
TO ALL EXPENSE REPORTS.**