

2.11 Travel Expense – Appendix A – Forms
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

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.**