

**C-TRAN STAFF
TRAVEL EXPENSE REPORT**

Name Debbie Jermann
Address _____

Employee Number 2358
Trip Purpose WMCA Spring Annual Conference
Destination Ocean Shores, WA

Voucher Number _____
Account Number 99.711.509.02
Month of March 2009
Day Trip TAXABLE
Overnight NON-TAXABLE

Regular Work Start Time 8a
Departure Time 10a

Regular Work End Time 5p
Return Time 5p

**If your plane arrives at your ending destination after the published time, please record the arrival time on your airline itinerary

TRANSPORTATION		TRAVEL EXPENSES						MILEAGE REPORT					Misc. Expenses		Daily Total
Date	Description / Itinerary / Cost	Hotel	Meals				Per Diem	Mileage		Auto Allowance			Misc. Expense Descriptions	Total	
			Bkfst	Lunch	Dinner	Incidentals		From	To	Miles	@	\$			
3/17/09	Transportation:	\$111.24		\$12.00	\$18.00	\$5.00	\$35.00	C-TRAN	Ocean Shores	78	0.585	\$45.88			\$192.12
3/18/09	Other Trans.:	\$111.24	\$9.00		\$18.00	\$5.00	\$32.00				0.585	\$0.00			\$143.24
3/19/09	Opted for Personal Transportation - OK for reimbursement at 1/2 the rate - miles shown are 1/2 of actual distance.	\$111.24				\$5.00	\$5.00				0.585	\$0.00			\$116.24
3/20/09				\$12.00		\$5.00	\$17.00	Ocean Shores	C-TRAN	78	0.585	\$45.88			\$62.88
	Transportation Total:	\$0.00													
	Registration:	\$300.00													
		\$333.72	\$9.00	\$24.00	\$36.00	\$20.00	\$89.00			157		\$91.75		\$0.00	\$514.47
														Total Travel & Other	\$814.47
														Less Direct Bill*	\$300.00
														Less Advance Drawn	\$413.00
														Grand Total	\$101.47

PER DIEM	\$44
Incidentals	\$5
Breakfast	\$9
Lunch	\$12
Dinner	\$18

If the Grand Total is in the negative, the employee will owe C-TRAN the difference

Please Note: Generally, meals (except continental breakfasts) included in the registration fee will not be eligible for reimbursement and will be deducted from the per diem amount.

Mileage Reimbursement: Reimbursement is based upon the lowest amount of the following:

- 1) Roundtrip mileage from C-TRAN (\$9.34/roundtrip) to the Portland Airport, plus parking at the Economy Lot (\$8/day with receipt), or
- 2) Two round-trips to the Airport from the employee's home will be reimbursed in lieu of parking if the employee does not use airport parking, upon authorization from the employee's director.

CERTIFICATIONS

I hereby certify under penalty of perjury that this is a true and correct claim and necessary expenses incurred by me and that no payment has been received by me on account thereof.

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against C-TRAN and that I am authorized to certify to said claim.

Signed: _____
Claimant

Date: _____

Auditing Officer



CITY OF ONTARIO TRAVEL VOUCHER

Please use this form even if your travel was paid by VISA. We still need to record the event.

Dept Head Signature

PAYMENT INFO

Date: Authorized by:

Purpose of Trip: Payment Received by:

Cash Advance: Check No.

Destination: Charge to Account: - -

Payee: Payee initial here

TRAVEL DETAIL

Length of Meeting/Class: **Purpose of Meeting/Class:**

Start Month Day Year

Date:

End Month Day Year

Date:

Person(s) Attending:

Total Length of Meeting in hours:

Travel Time in Hours

To From Hrs.

To From Hrs.

To From Hrs.

Total Hours Travel Time: 0

ITEMIZATION OF COST

***Meals** (Enter Total of Each Type of Meal)

Brkfst If avg cost >\$7, explain =

Lunch If avg cost >\$11, explain =

Dinner If avg cost >\$18, explain =

MUST ATTACH RECEIPTS Total Meals: \$ -

Travel

Car Driven? City Private

If Private, was a City vehicle available for use?

(If private vehicle is used, complete the following.)

Total Miles x 0.550 \$0.00

Other Costs/Fares

Description:

Description:

Description:

Description:

Description:

Description:

Lodging (Insert Number of Nights)

Night: x = \$ -

Night: x = \$ -

Night: x = \$ -

Total Lodging: \$ -

PAYMENT TOTAL

Total Amount: \$ -

Less City Visa Purchases: enter amount

Less Private Fuel Purchases on City Visa: enter amount

Reimbursement Amount Due: \$ -

City of Reedsport
REQUEST FOR REIMBURSEMENT

CLAIMANT: _____

PURPOSE: _____

LOCATION: _____

DATE(S): _____

MEALS AND LODGING (ATTACH ALL RECEIPTS)

DATE	BREAKFAST	LUNCH	DINNER	LODGING	TOTAL
	\$	\$	\$	\$	\$

CHECK BOX FOR ALL CREDIT CARD CHARGES. Attach credit card receipts.

OTHER EXPENSES (ATTACH ALL RECEIPTS)

MILEAGE <small>(when authorized)</small>	Non-Union	IRS Rate of 55¢ per mile at	miles	\$	
	Teamster Union	IRS Rate of 55¢ per mile at	miles		
	IAM Union	IRS Rate of 55¢ per mile at	miles		
Other (describe)					

TOTAL EXPENSES (Claimant submittal)

\$

EXPENSES CHARGED ON CORPORATE CREDIT CARD (✓) \$

EXPENSES CLAIMED FOR REIMBURSEMENT TO EMPLOYEE \$

CLAIMANT SIGNATURE: _____ Date: _____

DEPARTMENT HEAD	CITY MANAGER
Signature: _____	Signature: _____
Date: _____	Date: _____
Budget Code: _____	

These Instructions are intended to answer the questions which most frequently arise in the use of this form.

At least one copy should be made. One copy should be retained by the employee. The original must be attached to the claim voucher prepared to effect payment.

Receipts for all lodging expenses claimed and for miscellaneous expenses, when it is possible to obtain receipts for these expenses, must be attached to original copy of this form.

Following are detailed instructions for the completion of each on this form.

Name: Enter the name of the person claiming reimbursement.

Department: Enter the name of the department within in the city you work for.

Date: Make a separate line entry for each day of travel in the month. Enter the date of the day of the month.

Time of Departure: Enter the time you depart from your normal place of employment.

Time of Arrival: Enter the time of arrival back to your place of employment or residence, whichever is sooner.

Destination and Description: Enter the destination you are traveling to, and/or the description of the event that authorizes reimbursement.

Per Diem / Hourly Allowance: When an allowance is claimed for 24 hour periods of in-state travel, the total per diem/hourly allowance claim is entered in this column. Hourly allowances result from fractions of daily allowances provided for in the City Expense Reimbursement Policy, Appendix A.

Individual Meal Reimbursements: When an employee claims meal expenses, the amount of each individual meal is entered in this section. Reasons for special meals in excess of standard allowances must be justified by a notation of the reason on the expense detail sheet.

Lodging: Enter the actual cost of lodging, not including room tax.

Total Meals and Lodging: Enter the total of the amounts shown under lodging plus per diem, or the amounts shown under lodging plus individual meal reimbursements

Miscellaneous Expenses: Fares, Private Car Mileage, Room Tax, Telephone Charges, and Other expenses. Identify the exact expense claim. Sample entries are: "Telephone – Portland to Salem." "Parking – City car, license E123456."

Rate per mile: Enter the rate per mile for private vehicles.

Private Vehicle Miles: Enter the number of miles traveled in personal vehicle on official business.

Amount: Enter the amount for each item of expense.

Grand Total Amount: Add expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.

Travel Advance Amount: Enter the amount of the travel advance received for the trip. Enter zero (0) if no advance was requested. Subtract the advance amount from the Grand total amount.

Amount Due Employee/City: Enter total amount of employee owes City (a personal check/money order in the amount due the City must be attached to the Expenses Detail Sheet make payable to "City of Independence".) or enter total amount City of Independence owes employee.

Reason for Travel: Be specific in stating reason for travel and subsequent expenses incurred (E.G., traveled to Bend for Community Policing Training).

Signature of Employee: The travel expense detail sheet must be signed by the employee. (Note the certification that is made upon signing the form.)

Title: Enter the title of the employee claiming reimbursement.

Approved by: A department head or their designee must approve each travel expense detail sheet.

Title: Enter the title of the persons whose signatures appear on the form.