



**Travel Expense Claim Form  
For Use By Members of City Council**

Date Form Completed: \_\_\_\_\_

Council Member's Name: \_\_\_\_\_

Date of Travel: \_\_\_\_\_

Traveled to: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Summary of Travel Expenses Claimed**	
	Amount
Food/Meal Expenses:	\$
Lodging & Transportation Expenses:	\$
Conference Registration & Other Travel Expenses:	\$
Mileage Expense for Use of Personal Vehicle:	\$
<b>Total Travel Expenses Claimed:</b>	<b>\$</b>

Food/Meal Expenses**				
Date	Breakfast	Lunch	Dinner	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total:</b>	\$	\$	\$	\$

Lodging & Transportation Expenses**					
Date	Airfare	Car Rental	Parking	Hotel	Total
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>Total:</b>	\$	\$	\$	\$	\$

Conference Registration & Other Travel Expenses**		
Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total:</b>	<b>\$</b>

Mileage Claim If Using Personal Vehicle to Travel			
Date	Driven From/To and Purpose	Miles	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	<b>Total:</b>		<b>\$</b>

I hereby certify that the expenses listed above are accurately recorded and represent only expenditures made by me for City business related travel.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Actual receipts must be provided and attached for each travel related expense claimed on this form.**