CITY OF MELBOURNE, FLORIDA

TRAVEL REQUEST & EXPENSE VOUCHER

CLASS 'A' TRAVEL

NAME _____ EMPLOYEE ID _____

DEPT/DIV _____

ACCOUNT TO BE CHARGED _____ (Org) _____ (Object)

1. Destination (City and State)	4. Purpose of Travel	5. Check Advance / PCard Requested in Amount of:
2. Date of Departure 3. Date of Return	Time Travel Began: _____ Time Travel Ended: _____	$

Please attach Agenda/Itinerary and registration, lodging & transportation supporting documentation - Travel Expense Policy updated 4/1/21

6. Type of Expenses:			Advance Type PCard or Ck	7. Estimated Cost (Complete this prior to travel)	11. Actual Cost (Complete this after Travel)
A.	Transportation				
	1)	Airline			
	2)	Personal Vehicle 0.67/mile - Total miles:			
	3)	Taxi/Uber			
	4)	Other *			
B.	Lodging	Day(s) @ $			
C.	Meals	See GSA.Gov for Per Diem Rates			
D.	Bridge, Toll Roads, and Tunnell Fees				
E.	1)	Registration Fee:			
	2)	Tuition and/or Textbooks			
	3)	Exam Fee:			
F.	1)	Parking:			
	2)	Baggage Fee:			
	3)	Other *			
		TOTAL	$	$	$

*** Identify Specific Item/Notes**

Less Check Advance/P-Card (Item 5)	12.	$
Difference Due (City) Employee	13.	$

Do Not Submit Cash

8. I hereby request approval of travel proposed above and agree that any advance travel funds provided to me will be accounted for or returned within 7 days of travel completion.

Date _____ Traveler _____

14. I certify that the expenses stated in Item 11 above were incurred by me on City business on the date(s) stated.

Date _____ Traveler _____

9. Approved By:

Date _____ Department Head _____

15. Post Travel Approval

Date _____ Department Head _____

10. City Manager/Director of Aviation Approval:

(Department Head travel, all travel requests exceeding $1,000, all travel to non-educational events, receptions, or professional organizational meetings which require overnight travel, and all travel requests for out of state travel.)

Date _____ City Manager/Director of Aviation _____

16. City Manager/Director of Aviation Approval:

(Department Head travel, all travel requests exceeding $1,000, all travel to non-educational events, receptions, or professional organizational meetings which require overnight travel, and all travel requests for out of state travel.)

Date _____ City Manager/Director of Aviation _____

FOR ACCOUNTING USE ONLY

TAXABLE AMOUNT _____

NON TAXABLE AMT _____

TOTAL MEALS _____

RECEIVED BY _____

Payroll

17. Audited By:

Date _____ Name _____