

## TOWN OF EMERALD ISLE TRAVEL REIMBURSEMENT AND EXPENSE REPORT

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Travel Via Personal \_\_\_\_\_  
 Dates Traveled \_\_\_\_\_ City Vehicle \_\_\_\_\_  
 Purpose of Trip/Location \_\_\_\_\_

Items	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Cash Amt	Credit Amt	Total
Hotel										\$
Breakfast										\$
Lunch										\$
Dinner										\$
Tips										\$
Car Rental										\$
Taxi/Bus										\$
Parking										\$
Telephone										\$
Registration										\$
Other										\$
Mileage										\$
<b>Totals</b>										\$

Receipts Required  
 Add total miles, multiply by appropriate rate and enter \$ in total column

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Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Approved \_\_\_\_\_

Total Cash Expenses \$ \_\_\_\_\_

Total Cash Advanced \$ \_\_\_\_\_

Amount Due Town \$ \_\_\_\_\_

Amount Due Me \$ \_\_\_\_\_

**This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.**

\_\_\_\_\_  
**Signature of Finance Officer**