

## TOWN OF PAYSON

### Employee Record of Travel Expenses and/or Claim For Reimbursement

Employee Name: \_\_\_\_\_

Purpose of Travel:						Dept: _____			
<i>Note: All expenses incurred <b>Must</b> be included on this form (Registration, Airplane Tickets, Hotels Etc)</i>						Mileage (Personal Auto) miles @ .575	Registration Fees	**Other	Total
Date	Travel Times*	Location	Lodging \$	Meals \$	Miles				
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -

\*Time Leaving & Time Returning

\*\*Please Identify "Other"-attach additional sheet if necessary

\*\*\*Attach copies of Pre-Paid Items and Mark Pre-Paid.

<b>Per Diem Meal Allowance.</b> (Higher amounts must be substantiated by receipts and individually approved by department head) (see Reverse of this Form.)		
<b>Breakfast:</b>	\$6.00	Leave Payson Prior to 8:00 AM
<b>Lunch:</b>	\$8.00	Leave Payson Prior to 11:30 AM or Return after 1:30 PM
<b>Dinner:</b>	\$18.00	Leave Payson Prior to 5:00 PM or return after 6:00 PM
<b>Incidentals</b>	\$4.00	
<b>Per Diem</b>	<b>\$36.00</b>	

Grand Total	<b>\$ -</b>
Less: Cash Advance	
***Less: Pre-Paid Credit/Check	
Net Due to Employee	<b>\$ -</b>
Net Due From Employee	<b>\$ _____</b>

This form, properly completed and signed, along with all travel expense receipts and any cash advances not spent must be returned to the Finance Department within (5) five working days of return from travel. Failure to comply may result in loss of Pro-Card privileges and/or no future cash advances being issued for travel.

<b>Employee: Please Read and Sign</b>	
I hereby certify that all items of expense included in the above amount were necessary in discharging the official business of the Town.	
I declare under penalty of perjury that this claim has been examined by me and to the best of my knowledge and belief is a true, valid claim.	
Employee Signature	X _____
Approved for Payment:	
Department Head Signature	X _____
Expense Acct #	_____
Date	_____
I hereby certify under penalty of perjury that I have examined this claim and that this expenditure was for a valid public purpose and that funds have been appropriated or are otherwise available for payment of this claim.	
Finance Manager, Town of Payson	X _____
Date	_____