

Date: _____

**CITY OF HAYS
TRAVEL REQUEST AND REIMBURSEMENT FORM**

SECTION A.

Employee Name: _____ Title _____ Dept./Div: _____

Purpose/Destination of Trip: _____ Duration: _____ to _____

Training Type: Mandatory/Certified Health/Safety Position Specific (A JUSTIFICATION MEMO IS REQUIRED) N/A

Part of Training Plan? Yes No (IF NOT PART OF THE TRAINING PLAN, A JUSTIFICATION MEMO IS REQUIRED)

Account Number: _____ - 55800 Available Balance \$ _____ as of _____

Is this trip budgeted? Yes No If no, justify request: _____

Overtime required? Yes No _____ Hours x \$ _____ (Hourly x 1.5) = \$ _____ Tax Exemption Certificate Obtained

SECTION B.

Employee Signature: _____ Date: _____

I certify that I have received and am fully aware of all restrictions, guidelines, and information contained in the City of Hays Travel Policy, and I will abide by these policy requirements as indicated.

Department Head: _____ Date: _____

By signing this document, I verify that I am authorizing this employee to travel on behalf of the City of Hays and fully understand my responsibility involving the employee's adherence to the travel policy restrictions and guidelines.

Finance Director: _____ Date: _____

I certify that budgetary funds are available for the purpose of travel as indicated.

City Manager: _____ Date: _____

SECTION C.

	Estimate	Actual (including credit card expenses)	Method of Payment	Requested Reimbursement	Overage to be Paid to the City
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EXPENDITURES

Fuel for City Vehicle (_____ mile) or	\$	\$		\$	\$
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Mileage for Personal Vehicle (_____ miles x .445) (Map is required only if traveling with personal vehicle)	\$ 0.00	\$		\$	\$
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Airline Ticket: Destination From: _____ To: _____	\$	\$		\$	\$
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Lodging: _____ nights @ \$ _____ per room (\$75.00 allocated per night)	\$ 0.00	\$		\$	\$
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Meals: Breakfast _____ days (\$10.00 allocated per day)	\$ 0.00	\$		\$	\$
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Lunch _____ days (\$15.00 allocated per day)	\$ 0.00	\$		\$	\$
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Dinner _____ days (\$25.00 allocated per day) (These meal allocations include tax and a tip)	\$ 0.00	\$		\$	\$
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Estimated Departure Time for Travel _____ a.m. / p.m.

Estimated Time Ending Travel _____ a.m. / p.m.

Registration Fees:	\$	\$		\$	\$
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Miscellaneous (give detail): _____	\$	\$		\$	\$
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TOTAL:	\$ 0.00	\$		\$	\$
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SECTION D.

AFTER EXPENSES ARE INCURRED

I certify this is a true accounting of my actual expenses and request reimbursement as noted. \$ _____ \$ _____ \$ _____

Employee Signature: _____

Department Head Signature: _____

Finance Department Review: _____