

CITY OF ANDREWS

2018 EXPENSE REPORT

Name: _____ Dept: _____ Date _____

Date (MM/DD) (Lessor Cost of Airfare vs. Mileage)	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Totals
Miles Driven								
Reimbursement (\$.545/mi)								
Parking and Tolls								
Auto Rental								
Taxi / Limo								
Airfare								
Other (Rail or Bus)								
Transportation Total								
Lodging								
Other								
Breakfast								
Lunch								
Dinner								
Other Meals								
Lodging & Meals Total								
Supplies / Equipment								
Phone, Fax								
Tips (other than meals)								
Registration Fees								
Other								
Entertainment								
Total Per Day								

PERSON(S), DATE, PLACE, PURPOSE OF TRIP	SUMMARY
	TOTAL EXPENSES
	LESS AMT ON CREDIT CARD
	LESS CASH ADVANCE
	AMOUNT DUE EMPLOYEE
	AMOUNT DUE CITY

Receipts should be attached for Registration (also include program of School or conference), Transportation, Lodging, and Meals (if available). If items were prepaid by the City or billed to the City, note this on the report. Mileage for use of personal vehicle will be paid at \$.545/mi.

PREPARED BY _____ DATE _____

APPROVED BY _____ DATE _____

Vendor #	PO#
Invoice #	
Acct #	Verified by:
Entered by:	DATE:
Date PD:	CK#