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2-11-2005

Municipal Travel Policy

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Municipal Technical Advisory Service

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Recommended Citation
Ashburn, Melissa, "Municipal Travel Policy" (2005). *MTAS Publications: Technical Bulletins.*
http://trace.tennessee.edu/utk_mtastech/97

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Form T-2

STATEMENT OF EXPENSE CLAIMS

incurred while traveling on city business

CITY OF _____

NAME:	ADDRESS:
SOCIAL SECURITY NO.:	
AMOUNT TO PAY: $ 0.00	CITY, STATE, ZIP

DATE Month-Day-Year	DESCRIPTION	AMOUNT		ACCOUNT NAME	ACCOUNT NUMBER	OBJECT CODE	AMOUNT
	Travel		1				
			2				
			3				

Object of Trip: _____

Departure Date: _____ **Hour:** _____ **Return Date:** _____ **Hour:** _____

DATE Month-Day	Where Incurred	Lodging	MEALS			Trans-portation	OTHER EXPENSES		TOTAL each line
			Break-fast	Lunch	Dinner		Taxi, phone, entertainment, etc.	Amount	
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
	TOTAL each column:	$0.00	$0.00	$0.00	$0.00	$0.00	**TOTAL each column:**	$0.00	$0.00

If an adjustment is made, a supplemental expense account may be filed when proper documentation has been obtained. The original reimbursement check number should be referenced when filing a supplemental claim.

Original check number:

Approved: _____
Department Head Date

Approved: _____
Mayor/Manager Date

I certify that the above-stated expenses were incurred by me while traveling on city business.

☐ If checked, please return for correction of any errors. Otherwise the necessary adjustment will be made.

Signature: _____

Title: _____

PLEASE STAPLE RECEIPTS TO THIS FORM.