



City of Georgetown

TRAVEL EXPENSE STATEMENT

Name: _____ Date: _____
 Department: _____ Expenses For: _____
 Budget Account Number: _____

Day of Week	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	TOTAL
Date								
Transportation: Mileage/Rate								
Fare								
Parking								
Rental								
Taxi								
Hotel (room)								
Breakfast								
Lunch								
Dinner								
Registration								
Telephone								
Tips								
Other *								
*								
*								
*								
*								
TOTALS								

Total Expenses: _____ Signature: _____
 Less Expenses Prepaid: _____ Approved By: _____
 Less Cash Advanced: _____ (Department Head)
 Total Due City: _____
 Total Due Employee: _____ (City Administrator)

ALL EXPENSES MUST BE
 SUPPORTED BY EXPENSE REPORT

Cleared Finance: _____
 By: _____