CITY OF MELBOURNE, FLORIDA NAME					EMPLOYEE ID							
_ ⊤	TRAVEL REQUEST & EXPENSE VOUCHER DEPT/DIV											
**************************************	CLASS '	'A' TRAVEL		ACCOUNT TO BE	CHARGED							
34								(Org)		(Object)		
Destination (City and State)     4. Purpose of Travel										5.		
									ļ		ck Advance /	
											rd Requested in ount of:	
2. Date of Departure 3. Date of Return Time Travel Began:						Time Travel Ended:						
						ation supporting documentation - Travel Expense			\$			
	Please atta	cn Agenda/Itinerary and reg	istration	, lodging & transpor	tation supportin	g aod	rumentation -	i ravei Expens	Policy updated 4	/1/21		
6. Type of Ex	penses:					اء ۸	venee Time	7 5-1:1	1 0 1	11. /	Actual Cost	
_							vance Type Card or Ck	7. Estimat	ed Cost his prior to travel)		plete this after	
A.	Transpoi						T	` '		Trave	ei)	
	1)	Airline	0.70/	nile - Total miles:						<u> </u>		
	2) 3)	Personal Vehicle Taxi/Uber										
	3) 4)	Other *				1						
В.	Lodging Day(s) @ \$								-			
C.	Meals	See GSA.Gov for Per Diem Rates										
D.		Foll Roads, and Tunnell	Fees									
E.	1)	Registration Fee:										
	2)	Tuition and/or Textbook	oks									
	3)	Exam Fee:										
F.	1)	Parking:								<u> </u>		
	2)	Baggage Fee:								<u> </u>		
	3)	Other *						<u> </u>		<u> </u>		
					TOTAL		\$	\$		\$		
* Identify Sp	pecific Item/N	otes					Less Chec	ck Advance/F	P-Card (Item 5)	12.	\$	
							Differen	nce Due (City	ı) Employee	13.	\$	
							Dillerei				ð	
								Do Not	Submit Cash			
8 I hereby re	aduest approva	al of travel proposed ab	ove an	nd agree that any	14 Loortify t	hat t	ho ovnonco	s stated in I	tom 11 abovo i	woro	incurred by me	
		ded to me will be accou			on City busi				tem in above v	VEIC	incurred by file	
within 7 days	s of travel com	pletion.						. ,				
								_				
Date		Tra	veler			Date				Trave	eler	
O Appropriate Day					15. Post Travel Approval							
9. Approved By:					15. Post Trav	vei A	pprovai					
								_				
Date Department Head				Date  16. City Manager/Director of Aviation Ap				Department Head				
10. City Manager/Director of Aviation Approval:								proval:				
-	_		ll traval t	o non advantional		_		Ī				
(Department Head travel, all travel requests exceeding \$1,000, all travel to non-educational events, receptions, or professional organizational meetings which require overnight travel, and						(Department Head travel, all travel requests exceeding \$1,000, all travel to non-educational events receptions, or professional organizational meetings which require overnight travel, and all travel						
all travel request	ts for out of state tra	avel.)			requests for out			3.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	,	
								_				
Date City Manager/Director of Aviation					Date				City Manager/Director of Aviation			
	EOD AC	COUNTING USE O	N// V		17 Audited D							
	FUR AC	COUNTING USE C	/NL Y		17. Audited B	y:						
TAXABLE AMO	UNT	_										
NON TAXABLE	AMT	_						_				
TOTAL MEALS		RECEIVE	D BY			Date				Nan	ne	

Payroll