CITY OF MELBOURNE, FLORIDA
TRAVEL EXPENSE REPORT
(CLASS C - NOT REQUIRING OVERNIGHT ABSENCES)

DATE	ITINERARY	ODOMETER		MILEAGE	TRIP LENGTH		EXPENSES
		BEGINNING	ENDING		TIME LEFT	TIME RETURN	
					Total Expenses:		$
METHOD OF TRAVEL ( ) Personal Vehicle ( ) City Vehicle		Total Mileage:			X 0.70 per mile		$
		TOTAL REIMBURSEMENT DUE:					$

TYPE OR PRINT TRAVELER'S NAME

_____

PURPOSE OF TRAVEL:

_____

_____

OTHER REIMBURSEMENTS:

Were or are you to be reimbursed by another means or source for any part of this trip expense for any other travel performed immediately before, during, or at the end of the travel listed above:

( ) Yes ( ) No

I certify that the above is a true and correct statement of travel expense incurred in the conduct of City of Melbourne business for public purpose as authorized by law.

_____ _____

(Signature of Traveler) (DATE)

PLEASE NOTE:

ALL MEAL RECEIPTS AND ADDITIONAL EXPENSE RECEIPTS MUST BE ATTACHED TO THIS REPORT FOR REIMBURSEMENT.

ACCOUNT NUMBER: _____

_____

(Signature – Department Head) (Date)

_____

(Signature – City Manager) (Date)

_____

(Signature – Audit Approval) (Date)