

Travel Supporting Documentation

This Schedule should be used as a guide when preparing supporting documentation for the Travel Request Form and the Travel Expense Reimbursement Form.

Expense	Travel Request Supporting Documentation	Travel Expense Reimbursement Supporting Documentation
Registration	Agenda or meeting schedule. The entire agenda need not be attached, only those pages that state the location of the conference/training, the schedule date and times and any meals/food included in the registration or available to attendees. Justification of City business purpose.	Agenda or meeting schedule and paid receipt.
Lodging	Lodging quotes from a minimum of two (2) on-line travel services (Hotwire, Travelocity, Hotels.com etc.). If a conference hotel is available attach documentation stating the cost of the room.	An itemized hotel bill showing dates of stay, amount paid, payment of any balance due, applicable taxes and guest's name. If paid by traveler a copy of the traveler's credit card receipt to be attached. <i>Reminder: City will not reimburse State of Florida sales tax.</i>
Airline Transportation	Airfare quotes from a minimum of two (2) on-line travel services (i.e. Hotwire, Travelocity, Kayak etc.)	Flight itinerary reflecting cost and payment method (e.g. Visa****_****_****-1234) and evidence of full payment. Payment confirmation to include name of traveler.
Personal Vehicle	Miles to be driven determined by a search engine (i.e. MapQuest, Yahoo maps, etc.), to be computed round trip from the employee's work station or home, whichever is less. If the mileage exceeds 500 miles round trip, a flight quote reflecting the drive cost is less than or equal to the flight cost.	Miles driven determined by a search engine (i.e. MapQuest, Yahoo maps, etc.), to be computed round trip from the employee's work station or home, whichever is less. If the mileage exceeds 500 miles round trip, a flight quote reflecting the drive cost is less than or equal to the flight cost.
City Owned Vehicle	Miles to be driven determined by a search engine (i.e. MapQuest, Yahoo maps, etc.), to be computed round trip from the employee's work station or home, whichever is less. If the mileage exceeds 500 miles round trip, a flight quote reflecting the drive cost is less than or equal to the flight cost.	Miles driven determined by a search engine (i.e. MapQuest, Yahoo maps, etc.), to be computed round trip from the employee's work station or home, whichever is less. If the mileage exceeds 500 miles round trip, a flight quote reflecting the drive cost is less than or equal to the flight cost.
Rental Car	Car rental quote from the City's or State of Florida's contracted car rental provider for in state travel. If an out of state car rental is required, car rental quotes from a minimum of two (2) on-line travel services (i.e. Hertz, Enterprise, Avis etc..), is required. Information reflecting that the rental of a vehicle cost less than that of alternative services available (i.e. taxi, buses, subway, shuttles, etc.) is required.	An itemized car rental receipt showing dates and times of use, amount paid, applicable taxes and car renter's name.
Meals	Agenda or meeting schedule. The entire agenda need not be attached, only those pages that state the dates and times of any meals/food included in the registration or available to attendees. If requesting per diem meal expenses in advance supply the rates per the GSA directory, (http://www.gsa.gov/portal/category/21287) of the destination city. If not available, the per diem rates, per the GSA directory, of a neighboring city. Per Diem rates for foreign travel are set by the State Department and are available through a link on the aforementioned GSA web page.	Per diem meal rates per the GSA directory, (http://www.gsa.gov/portal/category/21287) of the destination city. If not available, the per diem rates, per the GSA directory, of a neighboring city. Travelers not electing a per diem allowance shall submit itemized meal receipts due at time of reimbursement limited to GSA rate. Summary receipts will not be accepted. Costs for alcoholic beverages will not be reimbursed.
Gas Cards	Completion of Gas Card Request Form.	Receipts for each use of the gas card with the vehicle number and the mileage at the time of each fill-up.
Other (i.e. taxi, parking, tolls, internet services, hotel gratuities, etc.)		Receipts showing the date and time, the amount paid and the method of payment. A maximum of \$5 per day for hotel gratuities (receipts not required for hotel gratuities).



City of Coral Gables

TRAVEL REQUEST FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler	This Travel Request is for: <input type="checkbox"/> Employee <input type="checkbox"/> Other (Specify):			
	Name:	Title (Held or Applied for):		
	Department:	Division:		
Travel Data	Purpose of Travel:			
	Destination From:	Destination To:		
	Date and Time of Departure:	Date and Time of Return:	Working Days Absent:	
	Method of Travel:	City Vehicle - Gas Card Requested Yes No	Airline Other Private Vehicle (Attach Insurance Certificate)	
Travel Request	Estimated Expenditures (supporting documentation required)			
	Registration	\$ _____	Meals	
	Lodging	\$ _____	Breakfast # ____ @ _____ = \$ _____	
	Air Travel	\$ _____	Lunch # ____ @ _____ = \$ _____	
	Auto Rental	\$ _____	Dinner # ____ @ _____ = \$ _____	
	Mileage:		Other	
	_____ miles @ _____	\$ _____	_____	\$ _____
	Tolls	\$ _____	_____	\$ _____
	Parking	\$ _____	_____	\$ _____
	Taxi	\$ _____	TOTAL	\$ _____
Advance Request	Advance Requested:	Yes No	Date Check Needed by:	
	If Applicable, Amount of Advance Request:			
Exp Data	Account Code(s) to be Charged:			
Approvals	Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28			
	Authorization Request		FINANCE (BUDGET) USE ONLY	
	Traveler	_____ Date _____	Supporting documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Department Director	_____ Date _____	Insurance certificate attached <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
City Manager (If Applicable)	_____ Date _____	Advance requested <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Check # _____ Amount: \$ _____		
		Budget Review _____ Date _____		



City of Coral Gables TRAVEL EXPENSE REIMBURSEMENT/CLOSE-OUT FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler	Name:	Title (Held or Applied for):		
	Department:	Division:		
Travel Data	Purpose of Travel:			
	Destination From:	Destination To:		
	Date and Time of Departure:	Date and Time of Return:	Working Days Absent:	
Reimbursement Request	Actual Expenditures - Reimbursement Request		Prepaid/Advanced?	If Prepaid or Advanced, please indicate: P-card/Check Date
	Registration	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____
	Lodging	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____
	Air Travel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____
	Meals			
	Breakfast			
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____
	Lunch			
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____
	Dinner			
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____
	Mileage:			
	_____ miles @ _____ \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____
	Tolls	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____
	Parking	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____
Taxi	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
Auto Rental	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
Fuel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gas Card	
Other				
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
TOTAL	\$ _____			
AMOUNT PAID BY CITY	\$ (_____)			
ADVANCE	\$ (_____)			
BALANCE DUE TO TRAVELER (CITY)	\$ _____	Check # _____		
Exp Data	Account Code(s) to be Charged:			
	Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28			
Certification and Approvals	Certification of expenditures		Finance Use Only	
	I certify that all expenses being paid or reimbursed by the City are valid and conform to City policies. I attest that all expenses submitted for reimbursement have not been previously paid through a prior submitted expense report, cash advance or by an outside agency or other third party.		Budget Review:	Proper supporting documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No
	Traveler _____	Date _____		Reviewed by _____
	Approvals		Advance Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No Check # _____
	Department Director _____	Date _____	Reimb. Processed By:	
	City Manager (If Applicable) _____	Date _____	Check Number:	



City of Coral Gables TRAVEL EXPENSE REIMBURSEMENT/CLOSE-OUT FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler	Name:	Title (Held or Applied for):			
	Department:	Division:			
Travel Data	Purpose of Travel:				
	Destination From:	Destination To:			
	Date and Time of Departure:	Date and Time of Return:	Working Days Absent:		
Reimbursement Request	Actual Expenditures - Reimbursement Request		Prepaid/Advanced?	If Prepaid or Advanced, please indicate: P-card/Check Date	
	Registration	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
	Lodging	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
	Air Travel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
	Meals				
	Breakfast				
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____	
	Lunch				
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____	
	Dinner				
	# _____ @ _____ = \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____	
	Mileage:				
	_____ miles @ _____ \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____	
	Tolls	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check # _____	
	Parking	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____	
Taxi	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____		
Auto Rental	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____		
Fuel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gas Card		
Other					
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____		
	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> P-Card <input type="checkbox"/> Check # _____		
	TOTAL \$ _____				
	AMOUNT PAID BY CITY \$(_____)				
	ADVANCE \$(_____)				
	BALANCE DUE TO TRAVELER (CITY) \$ _____	Check # _____			
Exp Data	Account Code(s) to be Charged:				
	Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28				
Certification and Approvals	Certification of expenditures		Finance Use Only		
	I certify that all expenses being paid or reimbursed by the City are valid and conform to City policies. I attest that all expenses submitted for reimbursement have not been previously paid through a prior submitted expense report, cash advance or by an outside agency or other third party.		Budget Review:	Proper supporting documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Traveler _____	Date _____		Reviewed by _____	Date _____
	Approvals		Advance Provided:		
			<input type="checkbox"/> Yes		
			<input type="checkbox"/> No	Check # _____	
Department Director _____		Reimb. Processed By:			
Date _____		Check Number:			
City Manager (If Applicable) _____					
Date _____					



City of Coral Gables

MISSING RECEIPTS DOCUMENTATION FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler & Travel Data	This Request is for: <input type="checkbox"/> Employee <input type="checkbox"/> Other (Specify):	
	Name:	Title (Held or Applied for):
	Department:	Division:
	Purpose of Travel:	
	Destination From:	Destination To:

Description of Expense	Date:	Description of Expense:	Business Purpose:	Amount:	Payment Method *:
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

* Supporting documentation required when paid by check or credit card (i.e., credit card statement showing charge, copy of check).

Exp Data	Account Code(s) to be Charged:
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Certification & Approvals	Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28	
	Certification of Expenditures	
	I hereby certify that the receipt(s) for the above item(s) is missing and that the purchase made was for legitimate City business reasons using the policies and procedures outlined within the City's Rules and Regulations. I further certify that the above information is correct and the expense was paid by me and I have not been previously reimbursed.	
	Traveler _____	Date _____
	Approval	
	Department Director _____	Date _____
City Manager (If Applicable) _____	Date _____	



City of Coral Gables GAS CARD REQUEST FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler	This Travel Request is for: <input type="checkbox"/> Employee <input type="checkbox"/> Other (Specify):		
	Name:	Title:	Employee Number:
	Department:	Division:	
Travel Data	Purpose of Travel:		
	Destination From:	Destination To:	City Vehicle Number:
	Date and Time of Departure:	Date and Time of Return:	Working Days Absent:
Certification/Approvals	Certification		Approvals
	I certify that the gas card(s) requested will only be used to fuel the city-owned vehicle. I understand that failure to comply may result in disciplinary action up to and including termination of employment.		
	_____		Department Director _____ Date _____
	Traveler _____ Date _____	Finance Director _____ Date _____	
Gasoline Card(s) Issued/Returned: To be completed by Finance Department Cashier			
Card(s) Issued	Gas Card Company: _____		Account Number: _____
	Gas Card Company: _____		Account Number: _____
	The above cards will be returned on or about (Date): _____		
	Traveler Signature _____	Date _____	
Card(s) Returned	Returned By _____		Date _____
	Accepted By _____		Date _____