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	$	Yes No	P-Card Check #	
Lodging	$	Yes No	P-Card Check #	
Air Travel	$	Yes No	P-Card Check #	
Meals				
Breakfast				
#_____ @ _____=	$	Yes No	Check #	
Lunch				
#_____ @ _____=	$	Yes No	Check #	
Dinner				
#_____ @ _____=	$	Yes No	Check #	
Mileage:				
_____ miles @ _____	$	Yes No	Check #	
Tolls	$	Yes No	Check #	
Parking	$	Yes No	P-Card Check #	
Taxi	$	Yes No	P-Card Check #	
Auto Rental	$	Yes No	P-Card Check #	
Fuel	$	Yes No	Gas Card	
Other				
		Yes No	P-Card Check #	
		Yes No	P-Card Check #	
	$	Yes No	P-Card Check #	
TOTAL	$			
AMOUNT PAID BY CITY	$( )			
ADVANCE	$( )	Check #		
BALANCE DUE TO TRAVELER (CITY)	$			

Exp Data

Account Code(s) to be Charged:

Certification and Approvals

Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28

Certification of expenditures

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.

Traveler _____ Date _____

Approvals

Department Director _____ Date _____

City Manager (If Applicable) _____ Date _____

Finance Use Only

Budget Review:	Proper supporting documenation attached Yes No Reviewed by _____ Date _____
Advance Provided:	Yes No Check # _____
Reimb. Processed By:	
Check Number:	