City of Richmond
Administrative Policy

MAYOR AND COUNCIL MEMBERS
TRAVEL/TRAINING EXPENSE REPORT FOR REIMBURSEMENT

Employee Vendor #:		**Employee Name:**	
Office Phone:		Title:	
Dates of Event - From (Date):		Department:	
To (Date):		Location of Trip:	
Travel Date to Event (flight, drive, etc.):		Purpose of Trip:	
Return Travel Date (flight, drive, etc.):		COR assigned location (address):	
Current Mileage Rate available at:	www.irs.gov	Travel/Training number of days:	

Portion of travel extended for personal reasons must be paid with personal funds separately from CalCard (rental car on separate contract, hotel, meals, etc.) and is not reimbursable. Please enter below the beginning date and end date for the portion of this travel that was for personal reasons.

Beginning date (personal travel):		End date (personal travel):	

Date of Payment	**Day of Trip** (please choose or enter)	**Account String**	**Description**	**Method of Payment** (please choose or enter)	**# of Miles** (attach roundtrip internet map & receipts)	**Expense Type** (please choose or enter)	**Receipt Amount** (do not include mileage here)
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
	-			-		-	
				TOTAL # OF MILES	0.00	**RECEIPT SUBTOTAL**	0.00
						MILEAGE $ (calculated)	0.00
						GRAND TOTAL	0.00

All expenses reported on this form must comply with the City of Richmond's policies relating to expenses and use of public resources. The information submitted on this form is a public record. Penalties for misusing public resources and violating the City of Richmond's policies include loss of reimbursement privileges, restitution, civil and criminal penalties as well as additional income tax liability.

All City of Richmond required documentation, which includes original itemized receipts for reimbursable expenses, must be attached to this Travel/Training Expense Report for Reimbursement and submitted within 90 days from the expense being incurred.

Expenses without attachments will not be reimbursed.

I certify this Travel/Training Expense Report for Reimbursement as true and correct to the best of my knowledge and belief, and I have not previously received payment and/or credit for the items described on this form.

Mayor or Council Member Signature:		**DATE:**	

The above is approved for payment.

Finance Director Signature:		**DATE:**	