CITY OF NORTH AUGUSTA - TRAVEL EXPENSE REPORT (See Personnel Policy 102.02)

				Date			
TRAVEL	LER(s)			()			(
			Name	Init.		Name	Init.
			Name	(Name	Init.
The follo	owing i	s a correct sta	tement of travel on offici	al City busin	ess during the	e period from:	
				to			
		Date	Time		Date	Time	
l.	Pι	JRPOSE OF T	RIP:				
II.	DE	ESTINATION:	From		To		
			From				
III.	ΕX	(PENSE DETA	if more than o AIL: (Indicate if prepaid			eceipts)	
			\ 1 1	, - ,		1 /	Reimbursable
	^	T			<u>Prepaid</u>	<u>Visa</u>	<u>Expenses</u>
	A.	•	on: n Carrier (includes lodgir	na etc.)	\$	\$	
			icle (expenses not	ig, cic.)	Ψ	Ψ	
			d, e.g. gas, etc.)		\$	\$	
		3. Private \			_		
	D		@ 65.5¢/mile		\$	\$	
	В.	Meals & Lod 1. Lodging:			\$	\$	
		2. Breakfas			\$	\$	
		Lunches			\$	\$	
		4. Dinners:	<u>—</u>		\$	\$	
	C.	Other Expen	ses:				
		1. Tips, Gra			\$	\$	
			olls, Parking, Car Rental		\$	\$	
		-	tion or Tuitions		\$	\$	
	_		ne, Telegraph, etc.		\$	\$	
		Remarks: Summary of	Evnoncos:				
	L.	Total Pre			\$	\$	
			imbursable		Ψ	Ψ	\$
			de for This Trip:				Ψ
			resAMOUNT:\$			Minus Advance	\$
			IMBURSABLE OR (DUE	Ξ)		\$	\$
	F.	TOTAL TO E	BE CHARGED/CREDITE	ED:			
		General Led	ger Account Code				\$
I certify t	that thi	s eynense ren	ort is correct. EMPLOY	FE SIGNAT	IIRF·		DATE:
APPROVED_		APPROVED Department Director Finance Director					
		Departi	Heric Director		i iiidii	CC Director	
ΔΜΟΙΙΝ	T \$			DΔ	TE		

Updated: 01/01/2023