

CITY OF ST. HELENA

TRAVEL EXPENSE STATEMENT

Name: _____

Dept: _____

Department Coding: _____

Destination: _____

Travel Dates: _____

Purpose: _____

EXPENSES	Prepaid by City	Paid by Employee	Total to be Reimbursed
Registration fee			
Mileage # of miles X \$ IRS rate per mile			
Tolls-Bridges & Roads			
Parking			
Air Fare			
Accommodations			

Subsistence Per Day: # of days _____

Breakfast \$10/day

Lunch \$15/day

Dinner \$25/day

Gasoline purchase (rental cars only)

Other:

TOTAL

EMPLOYEE SIGNATURE

DEPARTMENT HEAD SIGNATURE

FINANCE DIRECTOR SIGNATURE