

Lead Volunteer Fire Department

TRAVEL EXPENSE REPORT

Name: _____

Dates-From/To: _____

Address: _____

Title: _____

City, State, Zip: _____

Purpose of Trip: _____

Provide Backup on all items listed		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	List Total Expenses
Details-To/From:	Date(s):								
	Date(s):								
	Cities:								
*Mileage (owner's vehicle)									
Mileage Allowance per mile	\$0.50	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Transportation-Tolls & Parking		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Airline Ticket(s)		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Taxi/Bus		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Auto Rental		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Lodging		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Meals are paid Per Diem		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Other/Provide Backup receipts		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Total Expenses		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-

*Mileage is figured by odometer miles.

If odometer reading is not available map miles will be used.

Beginning Odometer Reading	Ending Odometer Reading

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature _____

Date _____

Please include original receipts, including hotel meals, copy of E-ticket for airline travel is acceptable.

The Lead Fire Dept. will not reimburse for alcoholic beverages.

If you do not provide receipts, you can not be reimbursed for expenses.