



City of Bozeman Travel/Advance Reimbursement Request Form

Employee: _____ Department: _____

Purpose/ Justification for travel: _____

Destination: _____

Departure Date: _____ Return Date: _____

Budget Account Coding: _____

ADVANCE Requested

	Estimate				
Motel*			\$ _____		
	Nights _____				
	Rate _____				
	Spouse/Other Guest <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
Mileage			\$ _____		
	Miles _____				
	Rate _____				
Meals			\$ _____		
	In / Out				
_____ Breakfast	@ \$ 6.00 / \$ 8.00				
_____ Lunch	@ 8.00 / 10.00				
_____ Dinner	@ 14.00 / 18.00				
Airfare *			\$ _____		
Registration *			\$ _____		
Other (specify)			\$ _____		

Total Requested			\$ _____		

ACTUAL Expenses

	Actual				
Motel*			\$ _____		
	Nights _____				
	Rate _____				
	Spouse/Other Guest <input type="checkbox"/> Yes/ <input type="checkbox"/> No				
Mileage			\$ _____		
	Miles _____				
	Rate _____				
Meals			\$ _____		
	In / Out				
_____ Breakfast	@ \$ 6.00 / \$ 8.00				
_____ Lunch	@ 8.00 / 10.00				
_____ Dinner	@ 14.00 / 18.00				
Airfare *			\$ _____		
Registration*			\$ _____		
Other (specify)			\$ _____		

Total Requested			\$ _____		

Employee Signature _____

Supervisor/Department Head Signature _____

Use of personal vehicle Authorized/ Not Authorized Rental Car Authorized/ Not Authorized
 Out-of-State Travel Authorized _____ (Supervisor/Department Head Initials indicate travel within budget)

EMPLOYEES MUST COMPLETE THIS FORM AND RETURN IT TO THEIR SUPERVISOR FOR AUTHORIZATION BEFORE SUBMITTING IT TO THE FINANCE DEPARTMENT. ACTUAL RECEIPTS SHOULD BE ATTACHED. REIMBURSEMENT REQUESTS DUE ONE WEEK FROM RETURN.

AMOUNT DUE EMPLOYEE: \$ _____ [ACTUAL COSTS EXCEED AMOUNT OF ADVANCE]
 AMOUNT DUE CITY: \$ _____ [ADVANCE AMOUNT EXCEEDS ACTUAL COSTS]

* Receipts or Advance Registration Materials Required / Use coding as appropriate