

TRAVEL EXPENSE REIMBURSEMENT CLAIM

Instructions

Complete the appropriate sections in the table below and attach original receipts for each expenditure. In the "Dates of Travel" section, indicate the month and day at the top of each column. For each day note the total expenditure by type and write the sum of the row in the "Totals" column. Provide any needed explanations in the "Explanatory Notes" section. Sign and date the certification and forward the completed claim to your supervisor for approval.

Name: _____ Department: _____

Destination: _____ Account No.: _____

Expenditure	Dates of Travel					Totals
	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	
Air/Bus/Train						
Car Rental						
Taxi						
Mileage Rate: \$.70						
Parking/Tolls						
Lodging						
Telephone						
Registration						
Breakfast Per Diem:						
Lunch Per Diem:						
Dinner Per Diem:						
Other						
Explanatory Notes:				Total Expenditures		
				Less Amount Prepaid (Attach Copy of Advance)		()
				Remit to Me		

I certify that this reimbursement claim is made for travel expenses incurred by me on official City of Paris business and I have not received reimbursement for the amount requested.

Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Finance Approval: _____ Date: _____