

# CITY COUNCIL TRAVEL REQUEST AND REIMBURSEMENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Code: \_\_\_\_\_

Purpose of travel (if travel is for a seminar, conference, etc., please attach agenda)

\_\_\_\_\_ (Public Funds Investment Act Training) \_\_\_\_\_

Destination \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

## **FOR REQUEST TO PAY CONFERENCE, INSTITUTE OR SEMINAR FEE:**

Please include the seminar brochure, the amount of the fee per registrant \$ \_\_\_\_\_, and the organization to whom the check is made payable \_\_\_\_\_. Advance payments will be sent directly to the payee by Finance. In the event of cancellation, no show, etc. it is the responsibility of the traveler to seek a refund that must be mailed directly to the City of New Braunfels.

## **FOR CASH ADVANCE OR ESTIMATED TRIP COST:**

**CASH ADVANCE? Yes \_\_\_\_\_ No \_\_\_\_\_**

Airfare \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_ Number of Miles \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

(Note: Cash advances for meals will be made based on established per diem rates for the City to which you are traveling and for meals not included in the seminar/conference/etc. registration fee – see below for website to get City per diem)

Parking/Transportation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (please describe) \_\_\_\_\_

Total Estimated Cost \$ \_\_\_\_\_

Advance Requested \$ \_\_\_\_\_

\_\_\_\_\_  
Councilmember Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

\_\_\_\_\_  
Mayor or Designee

\_\_\_\_\_  
Date

## **FOR ACTUAL EXPENSE REIMBURSEMENT (Post-trip):**

Airfare \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_ Number of Miles \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Meals (calculate below) \$ \_\_\_\_\_ Receipts attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Per Diem: # of Breakfast(s) \_\_\_\_\_ X Per diem \$ amount \$ = \$\_\_\_\_\_ amount to reimburse

# of Lunch(es) \_\_\_\_\_ X Per diem \$ amount \$ = \$\_\_\_\_\_ amount to reimburse

# of Dinner(s) \_\_\_\_\_ X Per diem \$ amount \$ = \$\_\_\_\_\_ amount to reimburse

*See instructions below to determine the correct per diem for the City to which you are traveling.*

Parking/Transportation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (please describe) \_\_\_\_\_

Total Actual Cost \$ \_\_\_\_\_

Less: Advance Received \$ \_\_\_\_\_

Reimbursement Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Councilmember Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

\_\_\_\_\_  
Mayor or Designee

\_\_\_\_\_  
Date

**Instructions**

1. All expenditures are to be listed by type.
2. Original receipts for all expenditures must be attached.
3. Purpose of trip must be stated.
4. Meals are reimbursed using the established per diem rate for the City to which you are traveling for all meals not included in the seminar, conference, etc. registration fees. Go to the website [http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA\\_BASIC&contentId=17943](http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943) to get the specific per diem for the City to which you will travel. Double click on the state on the map where you are traveling, Use the MI&E rate (meals and incidentals). Attach a print out of the appropriate per diem rate.