

**City of Rochester**

**Personal expense invoice / Travel reimbursement form / Travel advance form (show estimated costs, minimum \$50)**

For advances....another one of these forms must be submitted upon the employee's return, that details the actual expenses.

The City of Rochester does not reimburse for alcoholic beverages

Receipts are required for everything other than tolls and gratuities

Employee's Name (please print) Michael Wojcik  
 Travel expense to be charged to: BU \_\_\_\_\_ Sub/ Project # \_\_\_\_\_

Class/Conference/Trip Description: (Include Dates and Location)  
LMC

2010 Daily Per Diem  
 High = \$65  
 Low = \$52  
 use 75% for travel days

Meal cost guidelines: \_\_\_\_\_ Daily limit \_\_\_\_\_  
 2009 mileage rate \$ 0.550  
 2010 mileage rate \$ 0.500  
 Overnight stay? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Deduct this amount if a meal is provided during the conference, travel is for a partial day, etc

List names of other employees for whom expenses below were paid

Date	Breakfast	Lunch	Dinner/ Supper	Lodging	# of Personal Vehicle Miles	Mileage Reimb	Explanation of other expenses incurred (registration fees, prkg, tolls, business calls)	Other	Daily Total
		\$	\$	\$	273.0	\$ 136.50	Mileage to LMC		\$ 136.50
6/22/2010			\$ 39.00			-	LMC		\$ 39.00
6/23/2010			\$ 32.00			-	LMC		\$ 32.00
6/24/2010			\$ 37.00				LMC		\$ 37.00
6/25/2010			\$ 39.00			-	LMC		\$ 39.00
5/22/2010						-	Parking in St. Cloud	12.00	\$ 12.00
7/5/2010							Flight to LTI Philadlphia		\$ 397.80

"X" one--->  
 Circle one: Drove City Vehicle Drove non-City vehicle Passenger in City Vehicle Passenger in non-City vehicle

Airfare

<b>Total Expenses</b>	<b>\$ 693.30</b>
Less personal expenses or advance received (-)	
<b>Amount due to employee (+) or due to the City (-)</b>	<b>\$ 693.30</b>

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature of Approval: \_\_\_\_\_ Date \_\_\_\_\_

**City of Rochester**

**Business Meal Expense reimbursement form**

receipts are required for everything other than tolls and gratuities

The City of Rochester does not reimburse for alcoholic beverages

Employee's Name (please print) \_\_\_\_\_

Date and Time of the Business Meeting: \_\_\_\_\_

Travel expense to be charged to: BU \_\_\_\_\_ Sub/ Project # \_\_\_\_\_

Purpose of the Business Meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attendees of the Meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Expenses (including gratuity) incurred. Be sure to attach the receipts. Total Reimbursement request: \$ \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature of Approval: \_\_\_\_\_ Date \_\_\_\_\_