

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) <u>Michael Wojcik</u>	Class/Conference/Trip Description: (Include Dates and Location) <u>YEO Washington DC</u>
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Travel expense to be charged to: BU _____ Subl/ Project # _____

10 & '11 Daily Per Diem High = \$65 Low = \$52 use 75% for travel days	Meal cost guidelines: \$ 15.00 \$ 20.00 \$ 50.00 \$ 85.00 Deduct this amount if a meal is provided during the conference, travel is for a partial day, etc	Overnight stay? Yes _____ No _____ 2010 mileage rate \$ 0.500 2011 mileage rate \$ 0.510	List names of other employees for whom expenses below were paid
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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
6/2/2011			\$ 48.75	\$ -	87.0	\$ 44.37	YEO Washington DC	\$ 32.35	\$ 125.47
6/3/2011			\$ 45.00	\$ -		\$ -	YEO Washington DC	\$ -	\$ 45.00
6/4/2011			\$ 45.00	\$ -		\$ -	YEO Washington DC	\$ -	\$ 45.00
6/5/2011			\$ 48.75	\$ -	87.0	\$ 44.37	YEO Washington DC	\$ 97.00	\$ 190.12

"X" one---->

Circle one:	Drove City Vehicle	Drove non-City vehicle	Passenger in City Vehicle	Passenger in non-City vehicle
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Airfare	369.40
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Total Expenses	\$ 774.99
Less personal expenses or advance received (-)	
Amount due to employee (+) or due to the City (-)	\$ 774.99

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 _____ Subl/ 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 _____