

TRAINING REQUEST AND EXPENSE REIMBURSEMENT



GENERAL INFORMATION	
DATE:	_____
Employee:	_____ Department: _____
Dates of Attendance:	_____
Location of Conference, Seminar, etc.:	_____
Conference/Training/Seminar Name:	_____

Financial Considerations

	Expense	Paid by or to be paid:		If paid by CC, Tax Exempt	
		Direct bill	Credit card	Form Sent	Contact Name
Registration Fee:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lodging:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Total of Expenses	\$ _____				
For the items listed above are Training Funds Budgeted in current year		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Budgeted in Account No. _____					
Are grant funds available to reimburse registration and lodging?		<input type="checkbox"/>	<input type="checkbox"/>		

ESTIMATED REIMBURSEMENTS		
<i>Fill in estimated column only when submitting form for approval.</i>		
	Estimated Expense	Actual Expense
Mileage - 0.70 per mile <i>(if City Vehicle is not available)</i>	\$ _____	\$ _____
Meals - (Based up receipts turned in, not to exceed \$50.00 per day)	\$ _____	\$ _____
Parking, Tolls, etc.	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____
For estimated reimbursements are Training Funds Budgeted in current year for this expense		Yes <input type="checkbox"/> No <input type="checkbox"/>
Budgeted in Account No. _____		
Are grant funds available to reimburse expenses NOT related to registration or lodging?		<input type="checkbox"/> <input type="checkbox"/>

Department Head Approval

Date

City Administrator

Date

**NOTE: Receipts are required for all expenses which are to be reimbursed.
All paid lodging receipts should be submitted within one week of training.**