

TRAINING REQUEST AND EXPENSE REIMBURSEMENT



"Where the North Begins"

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

Financial Considerations

Expense	\$ _____	<u>Paid by or to be paid:</u>		<u>If paid by CC, Tax Exempt</u>		_____
		<u>Direct bill</u>	<u>Credit card</u>	<u>Form Sent</u>	<u>and Contact Name</u>	
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>		
	<u>Estimated Expense</u>	<u>Actual Expense</u>
Mileage - 62.5¢ 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.**