

Name Joe Tentpeg

# ITEMIZED EXPENSE WORKSHEET

Destination BAP Conference

Employee ID 123456

AP-010A Revised May 5, 2008

Travel Dates 5-5-08 to 5-8-2008

Dates: Enter Dates for each day of travel						
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
5/5/2008	5/6/2008	5/7/2008	5/8/2008			

Travel Advance # 44001234  
 Travel Advance Amt 400

### PCard Expenses:

Airfare, train, bus, etc.	218.00					
Lodging	189.52	189.52	189.52	189.52		
Car Rental				126.89		
Parking	9.00	9.00	9.00	9.00		
Taxis, shuttles, etc.						
Tolls and ferries						
Registrations						
Other Business Expenses			9.95			
<b>Total PCard Expenses</b>	<b>416.52</b>	<b>198.52</b>	<b>208.47</b>	<b>325.41</b>	<b>-</b>	<b>-</b>

PCard Expenses	Out of Pocket Expenses	Other City Payments
218.00	XXXXXX	XXXXXX
758.08	XXXXXX	XXXXXX
126.89	XXXXXX	XXXXXX
36.00	XXXXXX	XXXXXX
-	XXXXXX	XXXXXX
-	XXXXXX	XXXXXX
-	XXXXXX	XXXXXX
9.95	XXXXXX	XXXXXX
<b>1,148.92</b>	<b>XXXXXX</b>	<b>XXXXXX</b>

### Out of Pocket Expenses:

Airfare, train, bus, etc.						
Lodging						
Meals & Personal Expenses	34.58	16.89	18.99	49.00		
Car Rental						
Parking						
Taxis, shuttles, etc.						
Tolls and ferries						
Fuel for rental car				27.89		
Registrations						
Other Business Expenses						
<b>Total Out of Pocket Expenses</b>	<b>34.58</b>	<b>16.89</b>	<b>18.99</b>	<b>76.89</b>	<b>-</b>	<b>-</b>

XXXXXX	-	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	119.46	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	27.89	XXXXXX
XXXXXX	-	XXXXXX
XXXXXX	-	XXXXXX
<b>147.35</b>		

Private car use (enter miles) 18 18

The current City reimbursement rate is \$0.505 per mile

XXXXXX 18.18 XXXXXX

### Other City Payments:

Other Payments (explain below)	250.00					
Other Payments (explain below)						

XXXXXX	XXXXXX	250.00
XXXXXX	XXXXXX	-

### Total Expenses by type:

Other City Payments: Registration for Conference - \$250

PCard Expenses	1,148.92	XXXXXX	XXXXXX
Out of Pocket Expenses	XXXXXX	165.53	XXXXXX
Other City Payments	XXXXXX	XXXXXX	250.00

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expense(s) incurred by me and that no payment has been received.

**Total Travel Expenses** 1,564.45

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Travel Advance issued by City (from above) 400.00

Approver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Due Employee or City (circle one) (234.47)