

CLARENCE FIRE DISTRICT NO. 1
TRAVEL EXPENSE REPORT

Name: _____ Title: _____
 Trip to: _____ Trip Purpose: _____
 Dates of trip: _____ to _____

Hotel Expense: (receipts attached)
 _____ nights at \$ _____ per night. \$ _____

Transportation Expense:
 Airfare, Train, Car rental, etc. (receipts attached) \$ _____
 --- OR ---
 Personal vehicle _____ miles at _____ per mile. \$ _____
 Starting mileage _____ Ending mileage _____

Meal Expense:
 Actual expenses (receipts attached) not totaling more than IRS per diem. \$ _____
 --- OR ---
 _____ days at per diem of \$ _____ per day. \$ _____

Other Expenses: (List individually and attach receipts. Use reverse side if needed.)

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Other Expenses \$ _____

Total Expenses for this trip \$ _____

Less District charge card charges:

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Less Total District charge card charges \$ _____

Amount paid by traveler \$ _____

Less prepaid expenses (check numbers: _____) \$ _____

Amount due to/from traveler (check number: _____) \$ _____

	<u>Signatures</u>	<u>Date</u>
1. Traveler	_____	_____
2. Chief	_____	_____
3. Commissioner/Chairman	_____	_____
4. District Treasurer	_____	_____

Note: All course certificates must be copied to the District Office to be placed in each firefighters personnel file.